

## DOCTOR OF PHILOSOPHY

### Parenting under scrutiny. Birth parents and consent within adoption: a life history perspective

Lewis, Shirley

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**Parenting under scrutiny. Birth  
parents and consent within adoption:  
a life history perspective.**

**Volume I**

**By**

**Shirley Lewis**

**August 2018**



## **Abstract**

The majority of adoptions in England and Wales involve children who are removed from the care of their birth parents by the intervention of the State. Adoption severs the ties between the child and their birth parents and transfers parental responsibility to the adoptive parents. However, the voices of birth parents have been relatively neglected and marginalised within adoption discourse. Adoption from care is viewed as non-consensual by law; however research suggests that parents' lived experiences may differ from the legal framework and are worthy of exploration.

This thesis explores the experiences of birth parents who have had a child adopted from care, including their understanding of consent within adoption. A life history approach was used alongside Bourdieu's theory of habitus to explore birth parents' perspectives within wider structural contexts. Life histories were created with twelve birth mothers and two birth fathers, using a range of methods including life history interviews, timelines, and the use of photographs and objects for elicitation.

There were a number of key findings, with major themes including "Parenting Under Adversity" highlighting the difficulties that birth parents experienced prior to the children being removed from their care, and "Parenting Under Scrutiny" highlighting how the court process could exacerbate the adversity experienced by birth parents. The findings highlighted that birth parents had a range of different experiences of consent. Some birth parents had fluid views of consent, however it was fixed for four parents who viewed adoption as 'forced'. The findings also highlighted how birth parents' ability to consent was often constrained in other aspects of their lives, therefore consent within adoption must also be viewed within this wider context.

This research contributes to knowledge in adoption by highlighting birth parent voices, which are often dismissed within wider adoption discourse. A conceptual framework has been developed, making a theoretical contribution to knowledge, which shows how birth parents' understanding and ability to consent is impacted by their wider experiences.

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## Glossary

**Adoption Order** (The Adoption and Children Act 2002 s.46) an order that extinguishes the parental responsibility of any person other than the adopter and any order made under The Children Act



(1989) and gives parental responsibility to the adoptive parents. At the point of the Adoption Order the child is viewed in law as if they were born to the adopters (The Adoption and Children Act 2002 s.67).

**CAFCASS** (Children and Family Court Advisory and Support Service) is a service that represents children in family court cases within England. Children subject to care proceedings will be allocated a children's guardian through CAFCASS, who will act on their behalf and make decisions in the best interests of the child (CAFCASS n.d. a).

**Care Order / Interim Care Order** (The Children Act 1989 s.31) an order which places the child in the care of the local authority, on a permanent or interim basis. A child must be suffering, or likely to suffer, significant harm in order for the order to be made. The local authority share parental responsibility with the birth parents, and may determine the extent to which birth parents may exercise their parental responsibility (The Children Act 1989 s.33).

**Child in Need** (The Children Act 1989 s.17) the local authority has a duty to safeguard children in need, defined as children who are unlikely to maintain a reasonable stage of health or development without the involvement of the local authority, by providing a range of services to meet those needs.

**Child Protection** (The Children Act 1989 s.47) the duty of a local authority to investigate, where they have reason to believe that a child may be suffering, or likely to suffer, significant harm. The investigation may lead to the local authority applying for a court order in respect of the child.

**Children's Guardian** an independent social worker employed through CAFCASS who acts as the independent voice of the child during care proceedings (CAFCASS n.d. a).

**Emergency Protection Order** (The Children Act 1989 s.44) an order which allows the local authority to accommodate a child who they suspect is suffering significant harm for a period of up to eight days in order to make enquiries under The Children Act (1989 s.47).

**Freeing Order** (The Adoption of Children Act 1976 s.18) predecessor to a placement order, made where parents' consent to adoption or their consent is dispensed with by the court. The order gives parental responsibility to the adoption agency.

**Foster to Adopt** placing the child with approved adopters who are also foster carers, to avoid multiple placements for a child.

**Independent Reviewing Officer (IRO)** social workers who monitor care plans for looked after children to ensure that they are in the best interests of the child and legally compliant (NAIRO n.d.). A recent review of fostering recommended that IROs were abolished (Narey and Owers 2018).

**Looked After Children Review** (LAC review) meetings chaired by IROs, to review and amend a child's care plan, and ensure that the child's view is heard and recorded (NAIRO n.d.)

**Placement Order** (The Adoption and Children Act 2002 s.21) this order allows the local authority to place a child with prospective adopters. It remains in force until it is revoked or an adoption order is granted in respect of the child. In order for a placement order to be granted, the child must have a care order or meet conditions for a care order, and birth parents must have consented to adoption or the court must have dispensed with the consent of birth parents.

**Parental responsibility** (The Children Act 1989 Section 3.1) the rights and responsibilities a parent has in law towards their child. Mothers automatically gain parental responsibility, but fathers (or other parents) need to register their name on the child's birth certificate if they are not married to the mother.

**Police Protection** (The Children Act 1989 s.46) powers of police constables to remove a child to suitable accommodation, or prevent a child from being removed from hospital, where they have reason to believe a child is suffering significant harm, for a period of up to 72 hours.

**Section 20 Accommodation / Voluntary Accommodation** (The Children Act 1989 s.20) a local authority may provide accommodation for a child under this section when a person holding parental responsibility consents, and a person with parental responsibility may remove their child from care at any time under this section.

**Special Guardianship Order** (The Children Act 1989 s.14a) an order appointing an individual as a 'special guardian' to a child, allowing the guardian to exercise parental responsibility to the exclusion of any other person with parental responsibility for the child, e.g. the birth parent.

## Chapter 1: Introduction

*"I think it's difficult to talk about what has happened, um, and it's difficult as well to not be judged."*

(Melissa)

Adoption severs the ties between a child and their birth parents, and transfers parental responsibility to the adoptive parents. The majority of adoptions in England and Wales involve children who are removed from the care of their birth parents by the intervention of the state. In the year ending March 31 2017, there were 4350 children adopted from the care of the local authority in England and 312 children adopted from care in Wales (DfE 2017, Welsh Government 2017). This chapter commences by outlining the history of adoption in England and Wales in order to set the context for current adoption policy. It then explores the position of birth parents within legislation, and establishes a rationale for researching birth parents' understanding of consent. Finally, it sets out the aims and objectives of the research and the structure of the thesis.

Adoption has a long history within England and Wales. It was first legislated for in 1926, under The Adoption of Children Act (1926). The nature of adoption has changed significantly during the intervening years, with the number of children adopted greatly reducing, and a move during the 1980's onwards to adoption as a permanency outcome for looked after children as opposed to babies born to unmarried mothers (Lewis 2004). The Children Act (1975), closely followed by The Adoption Act (1976), were significant within adoption policy as for the first time adoption legislation was linked to local authorities, as every local authority was required to establish and maintain an adoption service for adopted children, birth parents and adoptive parents. However, The Children Act (1989), which overhauled public and private law for children including child welfare, did not cover adoption. This was rectified with the passing of The Adoption and Children Act (2002), implemented on 30 December 2005, which brought adoption into line with The Children Act (1989). This was achieved firstly by ensuring that the criteria for a care order (The Children Act 1989 s.31) must be met in order to grant a placement order (The Adoption and Children Act 2002 s.21), allowing the child to be placed with adopters. In addition, the act aligned adoption with a key tenet of The Children Act (1989) by the making the child's welfare throughout life the 'paramount consideration' (Adoption and Children Act 2002 s1.2). Subsequent legislation, intended to increase the number of adoptions and reduce delay by placing a 26 week time limit on care proceedings, has amended The Adoption and Children Act (1989) but these principles remain (The Children and Families Act 2014).

The theme of consent runs throughout this legislation. The courts have been able to dispense with a birth parents' consent to adoption since The Adoption of Children Act (1926), where the court could dispense with a parent's consent in cases including abandonment, neglect or deeming parents incapable of giving consent. The Children Act (1975 s.14) introduced Freeing Orders. These required the parent to consent or the court to dispense with parental consent, and once the child was 'freed' for adoption all parental rights were vested in the adoption agency. Parents could apply to revoke the order if the child had not yet been placed with prospective adopters, but were only able to apply once (The Children Act 1975:S16). Once a Freeing Order had been granted, the birth parents lost their parental rights, even if the child had not been placed with prospective adopters. This left children subject to freeing orders without a legal parent. Under The Adoption and Children Act (2002), freeing orders were abolished and replaced with placement orders. A placement order may be made if a child is subject to a care order (and therefore a court will have agreed to the care plan of adoption) or meets the conditions for making a care order, and the parents have consented or the court has dispensed with the parents' consent. The placement order remains until an adoption order is made. The local authority has parental responsibility, and once the child is placed with adopters they are given parental responsibility. Birth parents retain parental responsibility at this point, but the local authority determine the extent that parents may exercise this. Once a child has been placed with adopters for ten weeks, they may apply for an adoption order. This order gives parental responsibility to the adopters, and extinguishes parental responsibility held by any other person and any order made under The Children Act (1989). The Adoption and Children Act (2002 s.67) states that an adopted person is to be treated in law as if born as the child of the adopters or adopter, and is the adopters' legitimate child. The order therefore severs any legal ties that the birth parent has with the child. All adoption from care, unless the child is accommodated under The Children Act (1989 s.20) in which birth parents consent to their child being accommodated, requires a placement order which dispenses with parental consent. Therefore, all adoptions from care are viewed as non-consensual by law. Adoption legislation therefore highlights three aspects of consent; the consent of the child, the consent of the birth parents, and the ability of the courts to dispense with consent of the birth parents.

The relationship between the child, adopters and birth parents has been traditionally viewed as the adoption triad or triangle within adoption literature (Lewis 2004, Logan and Smith 2005, Treacher and Katz 2001). This highlights the links between the different members of the triad, and is often depicted in the form of a triangle with a triad member at each point. Adoption has a lifelong impact on all members of the adoption triangle, therefore research about all members of the adoption triangle will contribute to a full understanding of adoption.

The interest in birth parents' views of consent arose out of several areas; firstly the concern that birth parents had been marginalised within adoption discourse (Garret 2002), and a wish to explore the structural impact of adoption in more detail. At the time of commencing the research, there were no studies of birth parents' views of adoption which covered birth parents whose children were adopted after the Adoption and Children Act (2002) was implemented in December 2005. Secondly, I was curious about the limited research around birth parents' experiences of consent within adoption from care. Whilst the literature acknowledges that birth parents' lived experience of consent may differ from the legal status, there is little exploration of how and why this experience may differ (Neil 2017). I wondered why, if birth parents' lived experiences of consent could differ from their legal status, this had not been fully explored. I was curious as to whether birth parents' differing views of consent led to differences in how they were treated by social workers and the courts and whether there were differences in outcomes. I also felt that an exploration of consent within the adoption process was timely given changes to the length of care proceedings as a result of changes to statutory guidelines (The Children and Families Act 2014 s.14). Social work values are based upon 'respect for the equality, worth, and dignity of all people' (BASW 2012:5). As a social worker myself, with experience of working with children and families, these values are important to my own practice. An understanding of birth parents' experiences of adoption, including their understanding of consent, can therefore contribute to upholding these values within social work practice and policy.

### **Research aim and objectives**

The research therefore has the following aim:

A critical exploration of birth parents' experiences of adoption from care, including their understanding of consent

Research question:

What are birth parents' experiences of adoption from care, and how do these experiences contribute to their understanding of consent within the adoption process?

Research Objectives:

1. A critical evaluation of birth parents' experiences of adoption from care, including their experiences of care proceedings
2. A detailed exploration of the events and circumstances leading up to the adoption both within the context of birth parents lives and within a wider societal context
3. To assess the impact of adversity on birth parents' experiences of adoption

4. To discuss how birth parents view consent within care proceedings and leading to adoption, including their experiences of consenting to or contesting adoption

There are two parts to the research aim, firstly an empirical study of birth parents' experiences of adoption and secondly an exploration of birth parents' experiences of consent within the adoption process. There are a number of studies into birth parents experiences of adoption (Charlton, Crank, Kansara and Oliver (1998), Memarnia, Nolte, Norris and Harborne (2015), Neil, Cossar, Lorgelly and Young (2010), Smeeton and Boxhall (2011)). However, these studies all focus on birth parents whose children were adopted under previous legislation. Therefore, a study which explores the experiences of birth parents who have had children adopted since the implementation of The Adoption and Children Act (2002) in December 2005, and also since the publication of The Narey Report in 2011 (Narey 2011), is timely. The issue of consent is relevant due to recent changes to legislation including the 26 week limit to care proceedings discussed above.

As I was interested in the structural factors around adoption, a theoretical perspective was identified to reflect this approach. Therefore, Bourdieu's theory of habitus, which describes how a person's perception of the world and their place within it may constrain their agency, was used (Swingewood 2000, Webb, Schirato and Danaher 2002). Social constructionism and feminist perspectives were used alongside this. Due to the research focus on birth parents' experiences, a qualitative approach was needed and the life history approach was identified for a number of reasons including a focus on locating a person's story within a social context and its appropriateness for use with groups whose voices have been traditionally silenced or marginalised (Goodson and Sikes 2001, Letherby 2003). In total, 14 birth parents, consisting of 12 birth mothers and 2 birth fathers, participated in the research. The focus of this research was birth parents that had experienced adoption from care, therefore other forms of adoption (e.g. relinquished children, international adoption) have not been considered. The study has been limited to parents within England and Wales due to differences in legislation within Scotland and Northern Ireland.

This thesis sets out how the research was undertaken. It commences with an exploration of the relevant literature in Chapter 2. As adoption is closely linked to legislation, a number of court judgements are included within this. The literature review establishes a conceptual framework establishing the core focus of the research. Chapter 3 sets out the methodological framework for the research, establishing a theoretical perspective and justification for the approach and methods used. Chapter 4 then focuses on the empirical findings of birth parents experiences of adoption, by discussing the life histories of four participants through exploring the timelines that they created. Chapters 5 and 6 then set out the findings thematically, firstly looking at parenting under adversity

and parenting under scrutiny, before going to explore the themes of consent and powerlessness.

Chapter 7 discusses the research findings and sets out a revised conceptual framework, establishing the core research findings and placing them within a wider theoretical perspective. It also establishes implications for practice and areas for future research.

## Chapter 2: Birth Parents Voices within Adoption

*"Sometimes I think that there is no hope out there, 'cos I think it's been taken away from me, feel like there's no voice to be heard, or no-one's listening."*

(Colin)

This chapter focuses on the theme of consent, and how this is experienced by parents whose children are adopted from care. It argues that despite how it is depicted within the legislative framework, the concept of 'consent' within adoption cannot be easily defined, and instead suggests that the area of consent is complex and requires further exploration. The issue of consent ties in to post-adoption contact and therefore could potentially have a significant impact on the child to be adopted, in addition to the experiences of the birth parents. Another area that affects consent is the concept of delay, which has changed over time.

The experiences of birth parents within the literature are reviewed. This highlights gaps within the existing literature, notably the absence of the voices of birth parents after the implementation of The Adoption and Children Act (2002). The voices of professionals are also explored, as this has a significant impact on the numbers of children adopted. The impact of inequality on adoption, and how this links to consent, is explored. Next, theoretical concepts of power, structure and agency are introduced. In addition to reviewing the literature around birth parents and adoption, the chapter also refers to recent court judgements. These are used to illustrate how the themes presented within the literature may be experienced in practice. Finally, the key ideas presented within the chapter are drawn together in a conceptual framework in order to set out the focus for the research.

### International Context

International research into child welfare is difficult as it is not always possible to compare like with like (Boddy 2017). However, a brief exploration of how adoption in England and Wales is situated within the international context is relevant. Adoption policy within England and Wales has historically been influenced by adoption policy in the United States (Triseliotis et al. 1997). This differs from some European countries where there is very little adoption (Douglas and Philpot 2003). This is because of different perspectives about the legal and ethical possibilities of placing children for adoption without parental consent (Thoburn 2003). Recently, the European Parliament raised concerns about adoption in England, after cases where children from countries within the European Union had been adopted without consent in England. They commissioned a study into the practice of adoption without consent in England compared to other countries within the European Union (Fenton-Glynn 2016). The study suggests that whilst a number of other European countries have mechanisms for the adoption of children without parental consent, these powers are rarely used,



and calls for further research into understanding different approaches to child protection within members of the European Union. These findings therefore suggest that an exploration of consent within adoption in England and Wales is pertinent due to the uniqueness of the adoption system within Europe.

### **Consent within the legal system**

The first section of the Mental Capacity Act (2005) sets out some basic principles to determine whether a person is able to consent to a particular decision. A key principle is that a person must be assumed to have capacity to make a decision, unless it is established that a person lacks capacity, and any decision made on behalf of an individual under the Act must be made in the person's best interests (Mental Capacity Act 2005, s.1). The Act sets out how a person demonstrates a lack of consent only if he or she is unable to understand or retain information about the decision, use that information in order to make a decision and communicate that decision, and understand about the consequences of their decision (Mental Health Act 2005, s.3). In law, therefore, a person is deemed to have capacity to consent unless a lack of capacity has been proved.

#### **Parental Responsibility:**

Parental responsibility is defined in law as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property' (The Children Act 1989 Section 3.1). Under The Children Act (1989 s.2), a mother automatically obtains parental responsibility for a child at the time of birth. A father obtains parental responsibility automatically if he is married to the mother. However if the father (or other parent) is not married, they will need to acquire parental responsibility through registering his name on the child's birth certificate. This definition is used within subsequent Acts.

**Box 1**     **Source: Author**

Consent within adoption appears straightforward if examined from a legal perspective. Section 19 of The Adoption and Children Act (2002) makes provisions for a birth mother to relinquish a child for adoption. The birth mother must sign a consent form witnessed by a CAFCASS officer. CAFCASS officers are independent of Children's Services and the courts, and their role is to represent children within family courts. The signature of birth fathers depends on whether the birth father has parental responsibility (see box 1), as

there is no legal requirement for birth fathers to be informed of the birth and adoption, although birth mothers would be asked about the identity and status of the birth father (CAFCASS n. d. b). Therefore, there is a disparity between the rights of birth mothers and birth fathers within the adoption process when birth fathers do not hold parental responsibility. Section 19 consent may not be used if there are care proceedings; although the child may be in the care of the local authority under The Children Act (1989 s.20). If parents do not consent to their child being adopted, the local authority must apply for parental consent to be dispensed with and a placement order to be granted

under The Adoption and Children Act (2002 s.21). If a parent consents to adoption during the making of care proceedings, the local authority still needs to apply for a placement order (CAFCASS n. d. b), thus all adoptions from care, with the exception of adoption of children who are accommodated under The Children Act (1989 s.20), are viewed as non-consensual. As a result, it is not possible to determine from statistics how many parents may either 'consent' to or 'contest' adoption that occurs as a result of intervention by the local authority. Hill, Lambert, Triseliotis and Buist (1992) highlight how parents have the right to be involved in and consent to plans for their children prior to court involvement under The Children Act (1989). Whilst this changes once in court, and also needs balancing with other principles including the welfare of the child, it would be useful to ascertain birth parents' views about consent within the court process. The route to adoption through consent and relinquishment is outlined in Figure 1.

Two key judgements in adoption recently clarified the legal framework for dispensing with parental consent in adoption. *In the matter of B (A Child) [2013] UKSC 33*, based on an appeal of a care order with a view to adoption due to a risk of the child receiving unnecessary medical treatments, suggested the relationship between parent and child should only be severed in circumstances 'where nothing else will do' (*Re B 2013:197*). This point was also emphasised in a subsequent judgement, *Re B-S (Children) [2013] EWCA Civ 1146*, which stresses that evidence from the local authority and guardian should consider all options that are possible in each situation and analyse each option. Whilst these judgements are useful in highlighting the current legal view of adoption, they do not highlight the ambiguity and tensions around consent inherent within the adoption process.

In order to fully consider the legal framework for consent in adoption, it is necessary to consider the provision for a child to be voluntarily accommodated by a local authority in order to safeguard or promote the welfare of the child, as long as the person with parental responsibility for the child does not object (The Children Act 1989 s.20). A person with parental responsibility may remove a child placed in care voluntarily at any time (The Children Act 1989 s.20 (8)). Section 20 should be considered when exploring consent within adoption, because a local authority may issue care proceedings whilst a child is already accommodated under section 20, and apply for care orders and placement orders. Additionally, a parent could consent to a child being adopted whilst the child is placed with the local authority under section 20, and in these circumstances a placement order would not be required as it would be viewed as a relinquished adoption.

Several judgements illustrate that local authorities may plan to adopt a child who is in local authority care under section 20 after a delay in initiating care proceedings. In *Re A (A Child) [2015] EWFC 11*, an application for a care order and a placement order were dismissed, and the child was placed with his birth father. This child was placed in foster care at birth under section 20. His mother was in prison at the time of his birth. Care proceedings were not issued until the child was eight months old, despite the local authority deciding that proceedings should commence in a meeting that took place before the baby was born. The father had been ruled out under a negative assessment prior to the birth of the baby. The judge ruled in paragraph 99 that the delay was ‘shocking’ and the use of section 20 in the gap between legal planning and proceedings commencing was an ‘abuse’ of this section (*Re A 2015:99*). This example illustrates both the impact of delay and the vulnerability of the birth mother in this case. The mother was in prison at the time of her baby’s birth, therefore what choice would have been available to her and what power would she have had to state her preferences for the care of the child? This judgement illustrates how birth parents may be deemed as having capacity to consent to a section 20 decision despite circumstances which prevent them

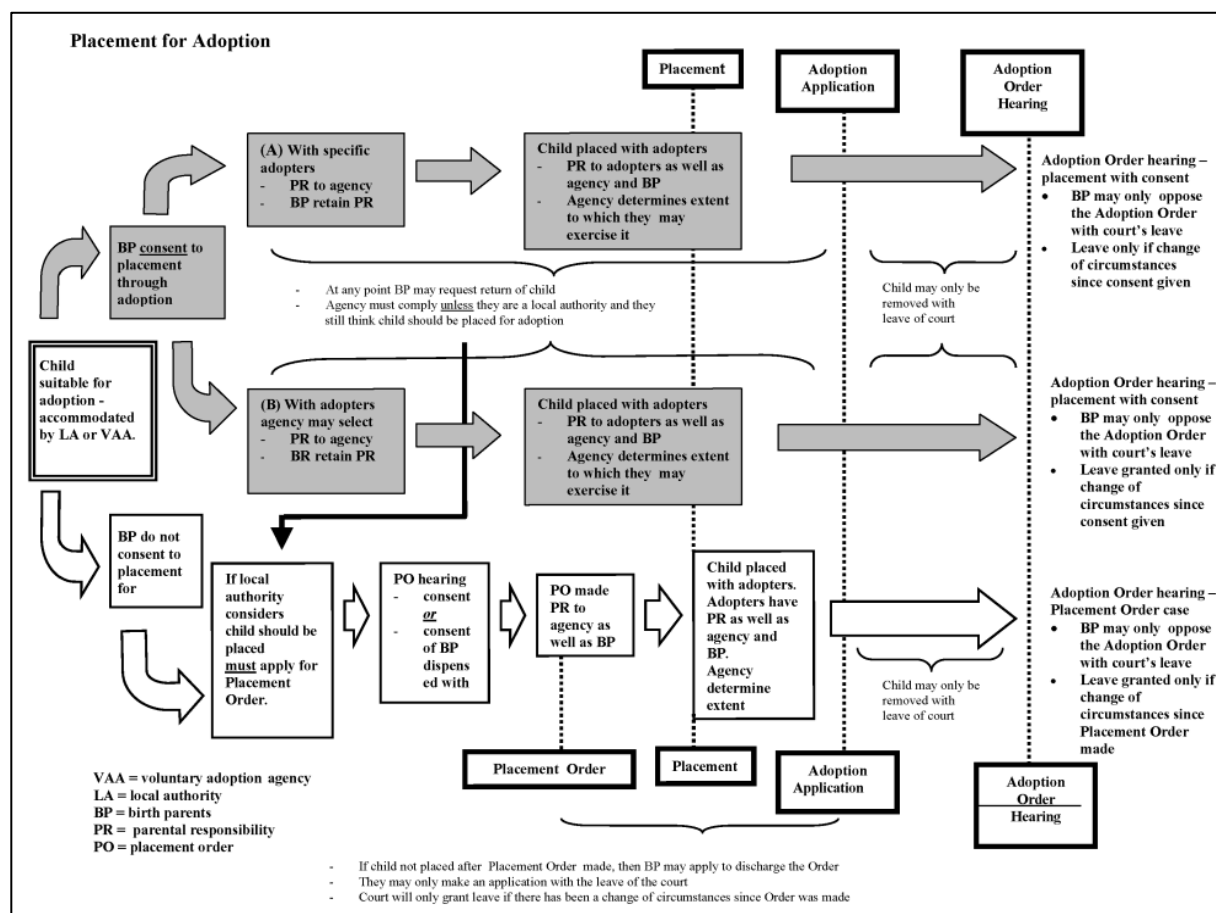


Figure 1 Source: Adoption and Children Act (2002) explanatory notes

from being able to withdraw that consent.

Another judgement, *CB (A Child) [2015] EWCA Civ 888* also illustrates the misuse of section 20. This involved a Latvian mother and her child. The child was initially removed under a police protection order (The Children Act 1989 s.46). The child returned home, but within days of this the child was taken into care again, this time under section 20. In May 2011 the mother asked for her child to be returned to her care, but the child was not returned, which contravened The Children Act (1989). Proceedings were commenced in June 2011, with care and placement orders being granted in July 2012. This case illustrates how the mother's voice was silenced by the use of section 20 as the local authority ignored her request for the child to be returned home, and she was denied access to legal representation and the ability to challenge the decision of the local authority through the lack of care proceedings.

Recently the use, or misuse, of section 20, such as in the cases above, has led to a key judgement setting out recommendations for the use of Section 20. *Re N [2015] EWCA Civ 1112* was an appeal by a local authority against a previous judgement where a judge transferred care proceedings in relation to two Hungarian children born in the UK to the courts in Hungary. The local authority plan for the children was for adoption. The appeal was granted as the judgement raised a number of issues, including the misuse of section 20. Much of the judgement is concerned with the right of an English court to dispense with the consent of birth parents who are foreign nationals. The judgement then focuses on the use of section 20. Sir James Munby, President of the Family Division of the High Court in England and Wales, set out his opinion on the use of section 20 in paragraph 157 of the report, suggesting that 'section 20 may, in an appropriate case, have a proper role to play as a short-term measure pending the commencement of care proceedings, but the use of section 20 as a prelude to care proceedings for a period as long as here is wholly unacceptable' (*Re: N 2015:157*). Four problems with the use of section 20 were identified: the failure of the local authority to obtain informed consent from the parents, including ensuring that the parent had capacity to consent; how consent is recorded; the length of time that section 20 agreements continue; and a reluctance of local authorities to return the child to the parents if they withdraw their consent. Munby then suggests that the misuse of section 20 'is a denial of the fundamental rights of both the parent and the child' (*Re N 2015:171*). The concern for the misuse of section 20 appeared to be predominantly around the impact on the child and the delay it could cause to the case, and highlights the powerlessness of parents in these instances.

The judgements above are cases which are extreme examples and demonstrate how section 20 may be misused. It is important to recognise Munby's assertion that section 20 may be used correctly as

a prelude to care proceedings in some circumstances, and that these case examples will not lead to published judgements. However, the cases are useful in highlighting wider issues around section 20 and consent in cases where a child is later adopted. The questions around capacity to consent outlined in The Mental Capacity Act (2005 s.3) should be considered in the use of section 20. A recent review into the use of voluntary accommodation, using data obtained from local authority Freedom of Information requests, government data and interviews, focus groups and round table discussions with parents, family and friends carers, and professionals, also raised questions about consent. They question parents' ability to 'consent' to voluntary accommodation, and suggest that birth parents may not be able to truly consent if they are faced with a form of coercion (Lynch 2017). They found that parents were not able to engage in partnership working with social workers when their children were voluntarily accommodated due to a lack of understanding of parental rights, and that parents reported feeling under pressure to accept or continue with section 20 arrangements (Lynch 2017). This therefore raises questions about how birth parents who have children accommodated under The Children Act (1989 s.20) and go on to be adopted experience voluntary accommodation, and whether they are able to 'consent' to this or experience elements of coercion.

A number of questions are therefore raised in relation to the use of section 20 and consent in adoption. Is section 20 used in cases where a child goes on to be adopted without the consent of the birth parent at a later stage? Are birth parents aware of future plans for the child when they consent to section 20 accommodation? Are they aware of their right to remove their child from section 20 care? Do birth parents understand the implications of consenting to voluntary care under section 20? Research into birth parent views of consent is therefore crucial as power issues will impact on their ability to consent and may factor into the lack of clarity in the process.

### **Birth Parents experiences of consent**

The section above demonstrated the apparent simplicity of legal consent, in which all parents who have children in care unless via voluntary accommodation, have their consent dispensed with through a placement order (Adoption and Children Act 2002 s.21). However, the case examples began to raise questions about how 'consent' may be experienced by birth parents involved with children's services in practice. This suggests that the area of consent appears to be complex and often cannot be limited to the legal definition of a parent either withholding or agreeing consent to a plan of adoption for their child. Instead, there appear to be blurred boundaries and a series of negotiations at different points in the process leading up to adoption. Birth parents often experience a sense of powerlessness throughout this process (Ryburn 1994). However, the complex nature of consent and how this may be experienced by birth parents is not fully discussed within the

literature and merits further exploration. Relinquishment of a child for adoption is described in legislation as birth parents voluntarily consenting to place their child for adoption. However, many studies note that relinquishment is not always a choice but due to external pressures or circumstances (Cuthbert and Quartly 2012, Howe, Sawbridge and Hinings 1992, Logan 1996). Wiley and Baden (2005) undertook a review of international clinical and empirical literature on birth parents. They found no clear distinction between voluntary and involuntary relinquishments, and suggested that instead there was a continuum between voluntary and involuntary adoption. They highlighted that the legal view of consent and birth parents' emotional experiences of consent may differ (Wiley and Baden 2005). However, this 'continuum' of birth parents' emotional experiences of consent had not been addressed within the literature. Whilst this review was American, there are similarities between the American and British adoption systems (Triseliotis, Shireman and Hundleby 1997, Ward and Smeeton 2017) and it reviewed a number of British studies. The idea of a continuum of consent is helpful; as other studies also point to the lack of distinction between consenting and contesting birth parents (Lambert 1994, Neil 2007). Wider structural issues of inequality and poverty, such as lack of housing, childcare and jobs appear to have affected the decision of a number of birth mothers who placed their child for adoption (Bouchier, Lambert and Triseliotis 1991, Howe et al. 2002). This therefore suggests that parents who relinquish a child for adoption may not readily consent to this, but instead be doing this due to the influence of other people or material circumstances, raising questions of the link between structure and agency. Although relinquished child adoptions are rare in the UK, it is noted that those children who are relinquished often do so in 'complex circumstances' Neil (2012: 411).

This complexity becomes more entrenched when the adoptions of children in care are explored. Consent is relevant from the moment that a child first enters the care of the local authority, either under voluntary agreement or a legal order. There may be fluctuations in parental consent at different stages of the process, and in some cases parents may move from agreeing their child's accommodation in foster care to contesting their adoption, whilst other parents may contest the move into foster care but come to a point of acceptance once their child is adopted. As stated earlier, there are no statistics available on the number of parents who may 'consent' to the local authority plan of adoption during care proceedings, as this all comes under the same legal order, the placement order. Schofield, Moldestad, Höjer, Ward, Skilbred, Young, and Havik (2011) undertook an international study of birth parents and social workers in England, Norway and Sweden to explore parents' experiences of the care system. Birth parents reported confusion at the point their children entered care, and were unclear whether this was a temporary or permanent arrangement. The authors commented that it was often not clear whether entry to care was compulsory or voluntary,

rather it appeared to be a 'negotiated' arrangement (Schofield et. al. 2011:82). The parents reflected that once their child was taken into care their own problems sometimes became worse, and they felt that this was viewed by social workers as confirmation of concerns rather than their response to the crisis.

This is significant, as Hill et al. (1992) studied social worker decision making in adoption, and found that on entry to care it was not clear whether or not children could return home, and therefore social workers also used evidence on how parents presented once children were in care, including their attendance at contact meetings and their ability to address concerns around their parenting. This raises questions about expectations placed on parents who are experiencing a time of crisis and at that point expected to improve their parenting. It also raises questions about the work being undertaken with parents leading up to and during their child's period in care to support them to address the problems that impact on their parenting. Lucklock and Broadhurst (2013) highlighted a number of cases where children were initially accommodated under The Children Act (1989 s.20), but then went on to contest plans for their child to be adopted. In all incidents, the parents were not successful in their challenge of placement or adoption orders. This leads to questions about how section 20 accommodation is used, and confirms the confusion surrounding entry to care highlighted by Schofield et al. (2011). This raises questions for adoption, particularly around how social workers and birth parents can work together once adoption is planned.

Neil (2007) interviewed 72 birth parents and grandparents six years after adoption to ascertain their level of acceptance of the adoption. The study compared views of parents who had relinquished their child for adoption with those children who were adopted from care, and found three patterns of acceptance: those who positively accepted adoption, those resigned to adoption, and those who resisted adoption (Neil 2007). The study found there was no association between whether a child was relinquished or adopted from care and acceptance of adoption. This merits further exploration into the experiences of birth parents in adoption from care, to explore their perceptions of consent, as it suggests that there may be a disparity between the legal status of relinquished and non-consensual adoptions in legal terms and parents' lived experiences. Parents may also experience a dilemma within adoption, between the need to acknowledge the adoption for the sake of their child and also ensure that children knew they were not relinquished (Charlton et al. 1998). This is significant, as it has been suggested that parents who consent to adoption may be viewed as more 'worthy' than those who contested their child's adoption, potentially impacting post-adoption contact (Charlton et al. 1998:134). Neil (2007) highlights how parents' acceptance of adoption may change over time and therefore contact arrangements may need to be reviewed. In addition, birth

fathers may be unable to 'consent' or withhold consent if they do not hold parental responsibility. A review of 386 court files drawn from care proceedings that took place in 2004 found that only 34.4% of birth fathers held parental responsibility (Masson, Pearce and Bader 2008). This suggests that consent in care proceedings, and adoption, is a significant issue for birth fathers who may not be involved in proceedings at all.

A recent literature review around birth parents' needs in adoption draws on Wiley and Baden's (2005) research to highlight the need to distinguish between consent in legal terms and a parent's emotional experience (Neil 2017). The issue of consent has also been raised in a recent review into the ethics of adoption involving 56 birth family members, in addition to social workers, adoptive parents, adopted people, academics and legal personnel (Featherstone, Gupta and Mills 2018). The study used a mixture of questionnaires, focus groups and seminars to ascertain the views of these participants. The study highlighted that all birth parents reported that they experienced the adoption as non-consensual, and raised difficulties in challenging the adoption. Interestingly, social workers within the study did not raise the issue of consent within adoption. This suggests that research exploring parents' emotional experience of consent within adoption in more detail would be beneficial.

This section has illustrated how both the legal framework and research have raised questions about consent within adoption that requires further exploration, particularly regarding the use of section 20, and the rights of birth fathers without parental responsibility. Research highlights the structural issues raised in studies of relinquishing parents, and suggests that parents view consent within adoption differently (Neil 2007). There is therefore a discrepancy between the legal terminology of consent in adoption, and parents' lived experiences of this. However, there is no research which explores this discrepancy in detail. This suggests that the issue of consent in adoption from care is worth further exploration, from the time the child first entered the care of the local authority, and the legal basis for this, up until the time that the adoption order is made. It would be beneficial to explore the relationship between the legal status of consent at different points during the adoption process, and the parents' own understanding or views of consent. This will also provide insight into parents' experiences of the legal and child welfare systems.

### **Birth Parents 'without capacity' to consent**

One final area of consent worthy of exploration is the experiences of birth parents who are deemed to lack capacity to consent in care proceedings under The Mental Health Act (2005). Under Section 27.1 of the Act, a person acting in the best interests of the person lacking capacity is excluded from making a decision on behalf of the person related to adoption. Instead, The Adoption and Children



Act (2002 s.52) gives the court power to dispense with the consent of a parent to a child being placed for adoption if the parent is found to be incapable of giving consent. Research suggests that parents with learning disabilities are one of the most socially and economically disadvantaged groups within society, and that between 40 and 60 per cent of parents with learning disabilities have their children taken into care through care proceedings (Cleaver, Unell and Aldgate 2011). The numbers of parents who have their consent dispensed with in adoption due to 'lacking mental capacity', are not clear, but this number is deemed to be 'not inconsiderable' (*Re: B-S 2013:15*).

Despite this there is limited research into the experiences of birth parents with learning disabilities. One key study spoke to nine mothers with learning disabilities who had their children taken into care (Gould and Dodd 2014). All children in the study were adopted, in one case by family members. Findings illustrated that the mothers felt judged on their suitability to be mothers, and they had little room to negotiate when their children were removed, contradicting other research that suggests entry to care is negotiated (Schofield et al. 2011). The mothers highlighted the disparity between their own levels of power compared to those of others without learning disabilities. It was not clear within the research how the decisions for adoption were reached, as it stated that sometimes the decision to adopt was not made through court, suggesting that these mothers may have relinquished their children for adoption. This warrants further exploration of the experiences of birth parents with learning disabilities during care proceedings.

The findings above can be reflected by the following judgement: *Re: D (2015) EWCA Civ 749* involved an appeal by a young birth mother. The parents were a young couple with a 20 month old child, who had a care plan and placement order granted as part of a plan for adoption. The mother had a previous child adopted when she was sixteen. Due to procedural errors, the mother was initially represented in court as she was found to lack capacity under the Mental Capacity Act 2005, (as all mothers are in the first 6 weeks after a child is born), but was later assessed as having capacity, so the litigation friend she had was discharged. The judgement outlines the birth mother's appeal, by appearing in person before the judge stating that she had not understood the court proceedings. The appeal found that there had been procedural irregularity; however as the litigation friend had resumed her initial role of advocate to all intents and purposes the outcome would have been the same.

The case raises the issue of consent by highlighting the mother's previous child. The mother was sixteen at this time and so had an official solicitor acting on her behalf. This solicitor had consented to the making of care and placement orders on behalf of the mother. The mother felt unhappy about this, as she wished to bring her child up herself, so in this case actually wanted to be able to

instruct a solicitor without a guardian. The birth mother's voice in the case of her first child was silenced, which would have made the proceedings straightforward, reducing delay for the child, but to the mother this did not feel like a fair system. Whilst the judgement is clear that in this case the outcome would have been the same, a greater voice for the birth mother may have helped her to achieve some sense of justice or closure, given time. This is crucial as the judgement states that parents should feel that their case has been managed to their wishes, even if these are clearly unrealistic when considered against the child's welfare. This raises questions about whether silence in proceedings is exacerbated for birth parents without capacity to consent in adoption, and ties in with wider issues of consent in adoption. How many birth parents are deemed to lack capacity to consent, and what is their experience of adoption?

### **Power – a theoretical discussion**

The issue of power is intrinsically connected to consent, and birth parents' feelings of powerlessness during the adoption process are documented within literature (Charlton et al. 1998, Ryburn 1994, Smeeton and Boxhall 2011). However, power itself is a contested term within social work and requires further exploration. Older definitions within social work view power as something which can be exerted over one individual by another, as in Payne's suggestion that power is the capacity to influence others, whether by force, authority or knowledge (Payne 1979). Payne views authority as a legitimate form of power; therefore social workers have authority over service users due to the power inherent in their role. However, this view of power is one dimensional and fails to recognise complexities and tensions with the use of power in social work. Maynard (2013) also recognises the power that social workers have due to their professional status and legislative frameworks, but recognises that power extends beyond the legal scope. Maynard therefore suggests that support should therefore not be viewed in isolation but in relation to power. However, whilst this definition is more complex than Payne's view of power, Maynard still appears to view power as something passed from one person to another, stating that where it is used appropriately, for example to remove a child from an abusive parent, social work is redistributing power in order to redress a power imbalance, thus suggesting a transactional approach to power, where removal of power from one individual directly impacts on the power of another (Maynard 2013:94).

Many social work theorists suggest that power is more complex than a simple transferring of power from one individual to another. A number of social work theorists have been informed by postmodern theories of power, particularly Foucault's understanding of power. Smith (2010) highlights the influence of Foucault on social work, and states that there is a need for social workers to view power as an external force. Fook (2002) suggests that modernist concepts of power as a

commodity, using binary definitions (e.g. powerful and powerless, male and female) are flawed as they do not allow for contradictions or difference. In addition, she is critical of the social work notion of 'empowerment' (illustrated above by removing a child from an abusive parent to redress a power imbalance) as the very process of empowerment may be experienced as disempowering by a service user. Fook instead advocates an understanding of power based on Foucault. Empowerment can be viewed as disempowering due to the way the term has been used to focus on an individualised notion of power, and deciding who to 'empower' is, in itself, a form of power (Pullen-Sansfaáon and Cowden 2012).

Foucault's contribution to an understanding of power is based on his concept of power-knowledge. This term is used as he suggests that power is used to create knowledge through language, or discourse (Fillingham 1999, Pullen-Sansfaáon and Cowden 2012). He gives the examples of madness and criminality, suggesting that power relations are established within a society by defining abnormality, as those with normality have power and those classed as abnormal are marginalised as they are viewed as having no knowledge (Fillingham 1999). This is achieved through surveillance, which is used to create compliance (Downing 2008, Pullen-Sansfaáon and Cowden 2012). Power can be expressed at both micro and macro level, and may be complicated and contradictory. Power employed at more local levels may be more subtle and harder to resist, and resistance may appear as uncooperative behaviour and therefore act as a justification of power (Fillingham 1999). For Foucault, therefore, power is something which is exercised rather than a possession or commodity that can be passed from one individual to another.

Foucault's understanding of power relations has been viewed as having potential for positive change and a site for resistance within marginalised groups (Orme 2009). However, Fook's use of Foucault has been criticised for ignoring the complex power relationships and fluidity of Foucault's analysis (Gray and Webb 2009). Downing suggests that Foucault's description of the 'self' both as an effect of discourse and history, and as an agent of resistance, is itself paradoxical (Downing 2008). In addition, whilst Foucault illustrates how power may define individuals as 'normal' or 'abnormal' little attention is given to structural factors such as poverty, gender and inequality. For that reason, whilst it raises questions around power a more detailed exploration of the relationship between structure and agency would be beneficial in adding to an understanding of power. This is explored later in the chapter. Nonetheless, Foucault's understanding of power is beneficial for exploring the issue of consent within adoption, as it raises questions about how power is received by individuals and why some people accept this power and others resist (Pullen-Sansfaáon and Cowden 2012).

Why may some parents accept that their child will be adopted, whilst others oppose? And are these parents viewed differently by social workers?

### **Birth Parents' Experiences of Adoption**

There are limited studies that include the voices of birth parents whose children were adopted after the implementation of the Adoption and Children Act (2002) in 2005. Whilst there are studies published after the implementation of the Act, they refer to birth parents whose children were adopted before 2005 (Neil et al. 2010, Smeeton and Boxhall 2011), did not differentiate between birth mothers who had children adopted or in long-term foster care (Memarnia et al. 2015) or explored adoption without speaking directly to birth parents (Lucklock and Broadhurst 2013). This is a gap in the research that merits further exploration due to the significant changes to adoption, since the Act and further legislation including the Children and Families Act (2014). Birth parents' experiences of adoption are important both in terms of the impact this may have over time on themselves, on the child and the adoptive parents, and any future children or siblings. Their experiences will impact on their views of consent, and the level of contact they have. Research shows that birth parents experience a range of emotions during the adoption process, and whilst some parents appear to come to a place of acceptance of the adoption, it has long-term negative consequences such as feelings of loss and grief and mental ill health for many (Bouchier et al. 1991, Charlton et al. 1998, Howes et al. 1992, Logan 1996, Memarnia et al. 2015, Winkler and Van Keppel 1984). There are similarities between the experiences of relinquishing parents and those parents of children adopted from care but also some key differences in terms of how they perceive the adoption process. One key effect of adoption from care is parents feeling powerless.

Research around children in care promoted adoption as an option from the 1970s both due to the emergence of attachment and psychological theory (Goldstein, Freud and Solnit 1979, Triseliotis et al. 1997) and the number of children in the care of the local authority waiting for placements (Rowe and Lambert 1973). Adoption from care therefore began to be explored as a permanency option in the 1970s and 1980s (Fratter 1991, Triseliotis et al. 1997). Many studies published before 2000 focus on the experiences of parents who relinquished a child for adoption, and whilst there are some significant differences, the studies also provide some useful insights into the experiences of birth parents who have a child adopted from care (Bouchier et al. 1991, Winkler and Van Keppel 1984). The studies focus on the emotions experienced by birth parents and highlight the grief and loss that is present both during the adoption process and for many years afterwards (Bouchier et al. 1991, Winkler and Van Keppel 1984). One of the earliest studies around adoption was a key study into the experiences of birth parents who relinquished their child for adoption, undertaken by

Winkler and Van Keppel (1984). Whilst the case study is Australian, it is significant as many subsequent papers into adoption in the UK are based on this research. The study used questionnaires to explore the experiences of 213 unmarried women who relinquished their first child for adoption, and compared their experiences with women who suffered a perinatal death. They identified two key hypotheses to test; relinquishment as loss, and relinquishment as a stressful life event. Half the women in their sample experienced no adverse long-term effects from the adoption; however the remainder experienced significant adverse effects. The study found that those who had support from family and friends adjusted better than those without a support network. The study was quantitative, although it did also include some qualitative quotes from the questionnaires. The focus was on testing the hypotheses, which meant that there was a risk that additional findings from the qualitative element of the study may have been missed. This study was criticised by birth mothers in Australia attending a conference on 'parents who relinquish' who instead focused on the need for practical support to enable women to keep their babies instead of relinquishing, and the need to challenge society's perceptions of mothers who relinquish (Cuthbert and Quartly 2012).

In a Scottish study, relinquishing birth mothers did acknowledge loss and the need for counselling, but also identified a number of practical support measures including alternatives to adoption, education around relationships, recognition of birth mothers needs in addition to the needs of the child, and changing the attitude of society (Bouchier et al. 1991). This suggested that the research carried out by Winkler and Van Keppel (1984) and subsequent research based on their study may not have met the needs of the research participants. This has methodological implications for future studies into the experiences of birth parents.

These early findings were confirmed by British studies into birth parents who relinquished a child for adoption (Bouchier et al. 1991, Howe et al. 1992, Triseliotis et al. 1997). Bouchier et al. (1991) interviewed 44 birth mothers who had a child adopted in Scotland, the majority between 1961 and 1970, and had registered with an adoption contact agency between 1987 and 1988. The study also highlighted the impact of poverty, suggesting that despite a change in society's attitude towards single parents they would still encounter significant practical difficulties. Howe et al. (1992) used interviews with birth mothers, alongside birth mothers accounts from other research, to explore the experiences of birth mothers. The study focuses on mothers who relinquished, despite an acknowledgement that the number of babies relinquished for adoption had decreased at the time of writing, and a growing number of older children were being adopted from care without the consent of the birth mother. The study does explore issues of consent in mothers who relinquished their

child, citing four reasons for relinquishment: parental pressure; adoption being the best option for the baby; adoption being the best option for the mother; and a lack of practical alternatives to adoption. The lack of alternatives and parental pressure categories suggest that for many mothers who relinquished a child, consent was not straightforward. Many mothers in the study stated that they felt powerless and that there was no alternative to adoption, reflecting findings by Bouchier et al. (1991), Cuthbert and Quartly (2012), Neil (2013) and Wiley and Baden (2005). The issue of powerlessness is significant, as in the study many women appeared to have experienced levels of adversity, often related to age and financial difficulties, but a number of mothers had experienced additional adversity for example sexual abuse. However, the impacts of these structural issues were not explored within the study.

### **Birth Fathers**

Research into the experience of birth fathers is less common, and the only British studies of birth fathers have been undertaken by Clapton (2001) and Clifton (2012). The difficulties surrounding parental responsibility and birth fathers may contribute to the lack of studies around birth fathers, as it may be more difficult to access birth fathers. Clapton explored the experiences of 30 birth fathers, who had children adopted between 1965 and 1980 in Scotland. The study found that birth fathers whose children were relinquished for adoption note some similarities with the experiences of birth mothers; however the sense of loss does not always appear as marked as with the mother, instead appearing as curiosity for some fathers. Birth fathers experienced a range of emotions including loss, guilt, curiosity, concern, responsibility, love and connectedness. Some fathers experienced strong emotions surrounding the adoption, whilst others did not. Research into birth fathers who had children adopted from care confirms Clapton's findings regarding the ongoing sense of connectedness that birth fathers have with their adopted children, and highlights the difficulties that birth fathers have in accessing support services (Clifton 2012, Neil et al. 2010). Clifton (2012) interviewed 20 birth fathers who had children adopted from care and highlighted a difference between relinquishing and non-consensual adoptions, with fathers of relinquished children experiencing guilt and fathers of children adopted from care experiencing shame and humiliation. Clifton asserts that birth fathers experience disadvantage due to a lack of support services and in some instances a lack of parental responsibility. The impact of adoption from care on birth fathers is also highlighted by Neil et al. (2010), who found that whilst the impact of adoption was as great on birth fathers as birth mothers, birth fathers were less likely to use adoption support services and their mental health needs are less likely to improve over time.

This suggests that birth fathers experiences of adoption from care, including their understanding of consent, merit further exploration. It would be helpful to speak to birth fathers with and without parental responsibility during the time of adoption to see how their experience of consent may differ to birth mothers.

### **Birth Parents' Experiences of Adoption from Care**

Approximately 2000 children per year were adopted from care in England during the 1980s and 1990s (PIU 2000). Early research into the impact of adoption from care focused on the impact on children, with studies into the impact of adoption for children from care being published in the 1980s and 1990s (Fratter 1991). These children tended to be older at age of adoption, with Fratter's study comparing disruption rates for children up to the age of 11. Concerns were raised about the high levels of adoption breakdown for these older children and by the end of the 1980s both agencies and prospective adopters were more cautious about placing older children (Fratter 1991, Triseliotis et al. 1997). However, studies specifically exploring the experiences of birth parents whose children were adopted from care were not apparent until the 1990s. The delay between research on outcomes for children and adoptive parents, and birth parents demonstrates the lack of significance that birth parents are given within the adoption triangle. This illustrates the focus during that time on permanency for children, whilst a greater focus during the 1990s on birth parents of children adopted from care showed a growing awareness of the need to work holistically and in partnership with parents under the principles of The Children Act (1989).

Nevertheless, there are some studies which focused on the experiences of children adopted from care. Studies focusing on parents who relinquished usually focus on babies who are relinquished very soon after birth. Studies about the experiences of birth parents whose children are adopted from care focus on the adoption of older children. Many of these studies found some similarities between the experiences of birth parents who relinquished and birth parents of children adopted from care, notably in the intense emotions, including grief and loss, experienced by these parents (Charlton et al. 1998, Memarnia et al. 2015, Neil et al. 2010, Smeeton and Boxhall 2011). In addition, the studies raise a number of other themes related specifically to experience of the care system. Clifton (2012) highlighted the shame and humiliation experienced by birth fathers, and this shame is also shared by birth mothers who have lost children to fostering or adoption (Memarnia et al. 2015). However, at times the birth mothers disconnected from these emotions and had symptoms of 'disenfranchised grief' due to their inability to have their loss socially validated (Memarnia et al. 2015:311).

Another key theme is powerlessness, with birth parents reporting a lack of support from Children's Services, a perception that social workers had made up their minds about adoption prior to the completion of assessments, and feelings of injustice (Charlton et al. 1998, Ryburn 1994, Smeeton and Boxhall 2011). Ryburn (1994) obtained the views of 12 birth family members whose children were compulsorily removed, including birth mothers, birth fathers, grandparents and a sibling. He found that whilst families did not dispute the difficulties that they were experiencing at the time of their first contact with Children's Services, and a number of families had requested family support unsuccessfully, they disputed the extent of these problems. Families felt that they were unable to negotiate with local authorities, which led to a breakdown in trust. This contradicts findings that entry to care may be negotiated (Schofield et. al 2011), and raises questions about how parents may be involved in permanency planning for their child. Whilst Ryburn's study is small, it is therefore useful in highlighting issues of partnership working with the local authority, and whether the lack of family support impacts on subsequent adoptions. Later studies into the experience of birth parents demonstrate similar findings, suggesting that little has changed in how birth parents are treated and feel about the process (Neil et al. 2010).

Issues of inequality including poverty, race and disability discrimination, which are a factor in relinquished adoptions, are also apparent in adoptions from care (Charlton et al. 1998, Neil et al. 2010). However, a number of additional factors are also noted including mental health problems, addictions, and violent relationships (Neil 2013). For that reason, structural issues appear to be underplayed and the focus is often on individual responsibility, with blame directed towards parents. The experience of non-consensual adoption was suggested to promote inequality (Charlton et al. 1998). Some of the earlier studies therefore take a critical approach, challenging the use of adoption as a permanency option from care and suggesting that, whilst it may be necessary in some instances, there may be other alternatives that allow parents to retain an element of parental responsibility (Ryburn 1994). However, many of the later studies either do not recognise inequality, or are not critical in approach when inequality is acknowledged (Neil 2007, Smeeton and Boxhall 2011). This may be due to the retrospective nature of the studies, leading to a focus on the effects of adoption itself and the post-adoption support needs of birth parents, rather than an examination of the events leading up to it. Many studies come from a perspective that supports or promotes adoption as a means of permanency, for example government funded studies. This is significant, as the government has promoted adoption as a permanency option since 2000 (PIU 2000) therefore any government funded studies are going to be impacted by this, for example in terms of research questions and methodology. This may also be related to wider policy changes regarding the relationship between the family and the state, where the family focus has been replaced with a



focus on risk and the vulnerability of children (Featherstone, Morris and White 2014, Parton 2011). There is evidence to show that this perception might be changing, however, with a recent review into the ethics of adoption highlighting inequality (Featherstone et al. 2018). The review included the views of adopted people, adopters, birth parents, and professionals throughout the UK. It highlighted difficulties faced by vulnerable birth parents including care leavers and birth mothers with mental health or learning difficulties, alongside cuts to support services in the current climate of austerity. It recommends that adoption should be discussed within the wider context of poverty and inequality.

Research has not considered the views of birth parents, but has highlighted how current adoption practice may impact on their experiences. Broadhurst, Alrouh, Yeend, Harwin, Shaw, Pilling, Mason and Kershaw (2015) analysed electronic records held by CAFCASS between 2007 and 2014. They found 16% of birth mothers were subject to repeated sets of care proceedings, and that almost 1 in 4 birth mothers were likely to appear in subsequent care proceedings within a 7 year period. The research suggested that local authorities issue proceedings of new babies very early if the birth mother has a history of previous proceedings. Young mothers were particularly at risk of repeat proceedings. Whilst this includes all care proceedings, it showed that proportion of women who had a child adopted increased over successive proceedings. However, birth mothers were unlikely to receive support for multiple problems that they experienced, until a further pregnancy leading to the involvement of Children's Services, which may not allow mothers time to change in the light of the impact of delay on the child (Broadhurst et al. 2015, Broadhurst and Mason 2013). Broadhurst and Mason are critical of pre-birth social work assessments and subsequent removal of children with the voluntary consent of parents at birth, and conclude that 'Mothers should be regarded as welfare subjects in their own right' (Broadhurst and Mason 2013:302).

These studies have a limited exploration of consent, as all adoptions from care are viewed as contested. This means that the complexity of consent is not fully explored and would benefit from further study. In addition, they predominantly explore the experiences of parents whose children were adopted under the Adoption of Children Act (1976), and are often focused on post-adoption support for birth parents. The freeing orders of 1976 which were replaced with placement orders under The Adoption and Children Act (2002), and numbers of adoptions, have changed in line with changes to legislation, policy and court judgements. Crucially, there have also been changes to delay within court proceedings, with current guidelines for care proceedings reducing the recommended length of care proceedings to 26 weeks (The Children and Families Act 2014 s.14). In addition, whilst the number of babies under the age of 12 months who are compulsorily adopted remains small (230

out of 4690 in 2016), 72 per cent of adoptions in England and Wales fell into the 1 to 4 age group category (DfE 2016). It would therefore be beneficial to speak to parents whose children have been adopted since 2011, to see if the change in legislation has altered their experiences, as the current research suggests that birth parents voices have been marginalised.

The experience of birth parents therefore requires further exploration. Have birth parents experiences of adoption changed since the implementation of The Adoption and Children Act (2002) and the new 26 week limit for care proceedings? How do policy initiatives such as Foster to Adopt, designed to place children with adoptive parents at a younger age, impact on birth parents experiences? Previous research focuses on birth parents who had older children adopted, but what about the experience of mothers who have babies removed at birth and compulsorily adopted? Newer studies into birth parents experiences of adoption focus on birth parents needs after adoption, but there is also scope for adopting a more critical approach by speaking to parents about their experiences before and during the adoption process to explore ways in which the number of adoptions could be reduced. These areas, along with the consent issues, suggest a gap in the literature that could be explored. What are birth parents' views about their experiences of adoption, throughout the process? What do birth parents have to say about adoption?

### **Contact and Post-adoption Support**

Research highlights the positive benefits of contact for both children and birth parents (Neil 2007). The Adoption and Children Act (2002) places a duty on courts making a placement order to consider proposed contact arrangements. The Children and Families Act 2014 gives the local authority powers to refuse contact whilst a child is on a care order. It also adds a section into the Adoption and Children Act (2002) around post-adoption contact, allowing a contact order post-adoption, or to prohibit contact post-adoption. The child and adopters can apply for the order, but any other person, including birth parents, must be granted 'leave to apply' from the court in order to apply for an order.

Contact in adoption can mean different things, and the level of contact needs to be examined when considering the number of adoptions with contact. Miall and March (2005) identify four levels of openness in adoption; confidential adoption, exchange of letters between adopters and birth parents through a social worker (often referred to as 'letterbox' contact), birth and adoptive parents meeting prior to adoption and then letterbox contact post-adoption, and finally direct contact between birth parents and adopters. The latter three categories could all be classified as 'open' adoptions, involving some form of contact between birth parents and adopters, but the impact of direct contact would have different effects to letterbox contact where birth and adoptive parents

had never met. In addition, the level of contact within an individual adoption may vary significantly throughout the adoption.

Prior to The Adoption and Children Act (2002), literature around adoption from care seemed to suggest that the openness of adoption, both letterbox and direct contact, was increasing (Ryburn 1994, Garrett 2002). It has been suggested that post-adoption contact is an 'established norm' (Logan 2013:43). However, this view has been challenged, with some researchers appearing to suggest contact is more limited and an area in need of further development (Broadhurst and Mason 2013). One study found that for fifteen letterbox contacts, there was only one direct contact (Sellick 2007). Neil (2007) found that birth relatives who had direct contact were more likely to have a positive view of the adoption, and contact enabled birth parents to come to terms with the loss, in addition to the positive benefits to the child and adoptive parents. However, the incidence of direct contact was rare, with only 17% of children having direct contact in a wider study (Neil 2002). The type of contact appears to be influenced by agency policy, for example with some agencies only offering letterbox contact, as opposed to the characteristics of children, birth parents and adoptive parents involved (Neil 2007).

Research into adoption agencies found a very low take up of support services by birth parents (Cossar and Neil 2010). Interviews with birth parents around post-adoption contact were carried out in a subsequent study (Neil et al. 2010). The study undertook a survey of birth parents accessing post-adoption support, in addition to interviews with 73 birth relatives, with 57 follow up interviews 15 months later. The study was planned with a consultancy group of birth relatives. Almost half of the birth parents either met or had opportunity to meet the adopters prior to the adoptive placement, and the majority of birth relatives had letterbox contact post-adoption. Relatives found contact complex, with some wishing for direct contact and others feeling they would not cope. Many relatives expressed difficulty with letterbox contact. This suggests that whilst the level of post-adoption contact is high, it may not be effective in meeting the needs of birth relatives and given the difficulties with birth relatives is also therefore likely to be challenging for both children and adoptive parents.

The level of openness in adoption is therefore significant in terms of birth parents experiences, and whether this impacts on their consent to the adoption. It is not clear from research whether post-adoption contact occurs in a way which meets the needs of the child, birth and adoptive parents, or depends on other factors including agency policy and birth parents ability to work with social workers. Questions are raised about the influence of post-adoption contact on birth parents views of adoption and the impact of birth parents consent or attitude towards adoption on the level of

contact. There is a low take up of post-adoption support by birth parents (Neil et al. 2010). This may impact the level and quality of contact affecting birth parents, child and adopters, and siblings.

Contact should be seen in the light of the whole adoption process, not just the final adoption order. Neil et al. (2010) refers to the period between contact during care stopping, and post-adoption contact starting, as a 'contact gap' and found that this could be for a period from several months to several years. This may impact a birth parents' right to contest an adoption on the grounds that they have changed, as by that stage contact between birth parents and children may have stopped whilst children are settled with adoptive parents. Future contact may also be affected.

Judgements referring to contact in adoption are related to parents who contest adoption, therefore they tend to be wary of contact between child and birth parents. *In the matter of P (A Child) [2008] EWCA Civ 535* was a key judgement around contact. Placement orders were granted to two siblings due to be placed separately, alongside a contact order (The Adoption and Children Act 2002 s.26). This was due to the adopters of two of the four siblings not agreeing to continued sibling contact despite this being part of the care plan for each child. The judgement recommended that when placements were finalised (which would be either long-term foster care or adoption depending upon the carers identified), the nature of contact would be established in court. However, it acknowledged that this was unusual as within adoption; 'no doubt the court will not, except in the most exceptional case, impose terms or conditions as to access to members of the child's natural family to which the adopting parents do not agree' (*Re P 2008:143*). In terms of post-adoption contact, therefore, the court relies on the adopter to promote the welfare of the child by maintaining the contact plan set out in the child's care plan and agreed within court. This highlights the disparity of power within the adoption triangle between adoptive parents, birth parents and child.

This power disparity is also highlighted by *re: A (Children: Adoption: Long Term Foster Care) (2015) EWCA Civ 1021*. This judgement concerns a local authority's appeal against a refusal of their application for placement orders for three siblings. The children were the youngest of six siblings, and the family had been known to the local authority since 2008 due to issues of child neglect. Care Proceedings were initiated in April 2014, and the children moved to a family friend under Interim care orders in June 2014, where they had unsupervised contact with parents. The local authority applied for placement orders, with a care plan of adoption for the three younger siblings which included indirect contact with parents and direct contact with the three older siblings three times a year. These applications were refused. The arguments around adoption centred on the issue of sibling adoption and the duration of the search for an adoptive placement (there was an alternative

care plan of long-term foster care if adoptive placements could not be found). The judgement balanced the need for permanency via adoption, with the children's ongoing need for contact with their family members. The judgement raises the key issue of power, as it was acknowledged that once the adoption order is granted, the onus is on the adoptive parents to maintain the contact, and that direct contact only happens when adoptive parents are in full agreement. Both the above judgements illustrate that adopters are able to contravene expectations made at the time of adoption orders being granted.

Whilst there are still some questions around contact, this area has been covered comprehensively within the literature with best practice guidance published (Dartington Hall Trust 2016, Neil 2017). The research has demonstrated that birth parents who have direct contact with their children are more likely to have a positive view of the adoption, enabling them to resolve the loss and providing benefits to all involved in the adoption triangle (Neil 2007). However, it is not clear on how much contact takes place post-adoption. Birth parents' perspectives on contact leading up to and post-adoption order would provide a useful contribution to this debate.

### **Mental Health of Birth Parents**

Many of the above studies demonstrate the significant loss and grief experienced by birth parents (Bouchier et al. 1991, Charlton et al. 1998, Howes et al. 1992, Memarnia et al. 2015). For many parents, this is compounded by long-term mental health problems which will have an adverse effect on the birth parents, adopted child and any future children. Mental illness is seen as a risk factor for abuse where it co-exists alongside domestic violence or poverty and social isolation (Cleaver et al. 2011). Logan (1996) explored the mental health of birth mothers who relinquished a child for adoption, suggesting that their needs were unrecognised by mental health professionals. Interviews were held with 28 birth mothers from a post-adoption service. The study found variations in the mental health of the birth mothers, with some having stable lives and others experiencing instability and mental health issues. Depression was experienced by many of the women, in addition to a lack of support and difficulties in relationships with their own mothers, guilt, and the ongoing impact of loss. The study acknowledged the small scale and lack of representativeness, in addition to the questions about those birth mothers who do not seek support. Additionally, issues associated with inequality were not addressed within the study.

Neil's study into mental distress experienced by birth relatives measured the mental health of 164 birth relatives between 2002 and 2008, using a self-report measure (Neil 2013). The children had been adopted from care in 89% of cases. Birth mothers reported the highest level of psychological distress, followed respectively by birth fathers and birth relatives. Like Logan (1996), the sample was

taken from parents who had post-adoption support and contact, and therefore does not take into account those birth relatives not using such services. This also contradicts findings by Neil et al. (2010) that birth fathers were more affected by adoption; however this may be due to previous findings suggesting that fathers do not access post-adoption services as frequently as mothers (Neil et al. 2010). It is also significant to note that due to the retrospective aspects of these studies, it is not possible to tell whether birth parents had mental health issues prior to their child being adopted or as a result of the adoption.

Research suggests that parents who have children adopted from care have a range of problems including mental health issues (Charlton et al. 1998, Neil et al. 2010) and that these problems may become more severe as a reaction to their children entering care (Schofield et al. 1998). This suggests that adoption may serve to perpetuate existing problems for birth parents. It would therefore be beneficial to ascertain birth parents views about mental ill-health.

### **Professional views of adoption**

In order to fully explore birth parents experiences of adoption, it is necessary to consider alternative perspectives. There are a number of studies into contested adoption which explore the experiences of social workers and judges (Hill et al. 1992, Lucklock and Broadhurst 2013). These studies illustrate how adoption policy and practice have changed over time and highlight tensions and debates within practice. One key area that they highlight is the concept of delay, and how this has changed over time. Another issue is a tension between social work and court views of adoption.

Social workers and judges may have differing views on adoption. Hill et al. (1992) interviewed social workers and judges, and explored a number of judgements in contested adoptions under The Adoption of Children Act (1976). The study raised concerns with the Adoption of Children Act (1976) and the introduction of freeing orders. They suggested that the orders were designed to allow consenting birth parents to withdraw from involvement earlier in the process thus removing the concern about contesting. However, in practice they appeared to be concerned with parents who either consented reluctantly or contested the adoption. The majority of judges agreed with social worker recommendations to free a child for adoption, but there were several instances of disagreement, which are viewed by the authors as 'a healthy sign of a judicial check on the powers of social work bureaucracies' (Hill et al. 1992:385). Decisions to free a child for adoption often focused on failure to meet a child's basic physical and safety needs, provide warmth, supervision or stimulation. However, the study acknowledges wider factors on parental ability to change including poverty, and support to parents of children in foster care. The issue of delay was also significant, as

in two instances delay of 18 months or 1 year was not deemed sufficient by judges to allow parents to demonstrate change.

This contrasts starkly with current care planning, as a plan for permanence is required to be in place within four months of a child being placed Children and Families Act (2014:s14). This demonstrates how the concept of delay has changed, and highlights a tension between the child's immediate and future needs. A government funded study into contested adoption reviewed 12 adoption cases from five different local authorities where birth parents had actively contested the adoption during different stages in the adoption process, and aimed to assess procedures and quality of practice (Lucklock and Broadhurst 2013). The study explored the concept of delay in care planning, suggesting that delay lead to a lack of interventions, whether that was adoption or rehabilitation. Poor assessments prior to proceedings starting were cited as reasons for delay. The study was limited due to the small number of cases, and the fact that it was restricted to analysis of case files, meaning that the voices of different members of the adoption triad, children, birth parents and adoptive parents, were absent.

Professional views of adoption illustrate power relationships and tensions. Ryburn (1995) suggests

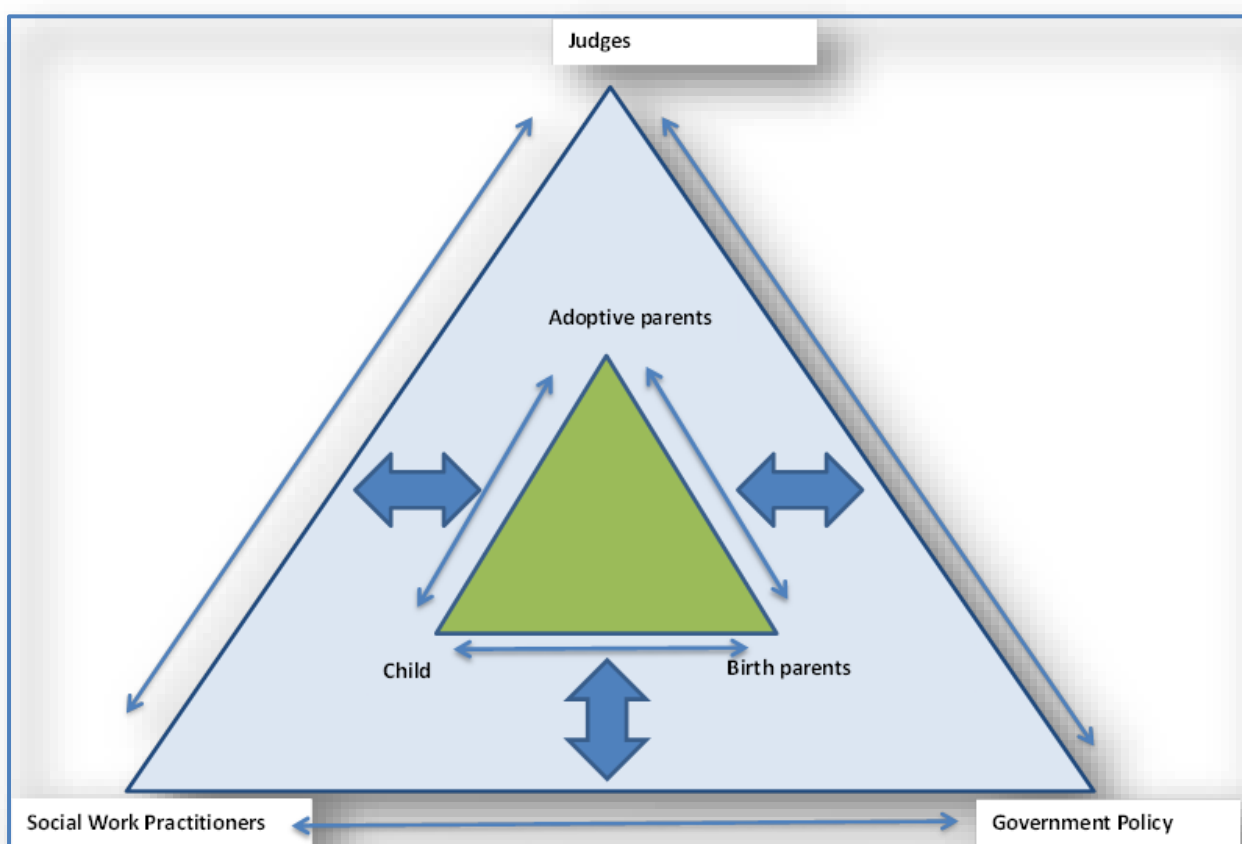


Figure 2 Source: Author

that adoption emphasises the power of professional voice, however it is apparent that there are

power tensions between professionals and this will impact on birth parents. These power tensions reflect Foucault's concept of power operating at a range of levels. This can be illustrated by a diagram of the adoption triangle and the different flows of power within the different relationships illustrated by the arrows (Figure 2).

This complexity of power relations within adoption can be illustrated by *Seddon v Oldham MBC Adoption Human Rights* [2015] EWHC 2609 (Fam). This judgement involved a birth mother requesting direct contact. The judgement is clear that under the Adoption and Children Act (2002), an adopted child is treated in law as if born to the adopters and is no longer a member of the birth family. The judgement states that there is 'no mechanism in domestic law to preserve any of the rights and responsibilities of birth parents on the making of an adoption order' (*Seddon v Oldham* 2015:36). There is also no duty on the local authority to promote contact, as the responsibility for making decisions about the child's welfare rests with the adoptive parents (*Seddon v Oldham* 2015:40). The judgement states that an adoption order also terminates a birth parents' right to family life under Article 8 of The European Convention on Human Rights, as 'there cannot be any interference with family life that does not exist' (*Seddon v Oldham* 2015:57). In this case, there are power tensions between the birth parent and adopters, birth parent and judge, and birth parent and local authority. There are also tensions between the local authority and judge and the adopters. Ward and Smeeton (2017) highlight how these tensions emerge within adoption due to the nature of the child 'belonging' to either birth or adoptive parents, suggesting that this means that "the adoption process sets adoptive and birth parents against each other" (Ward and Smeeton 2017: 59).

### **Impact of Inequality**

The impact of inequality on adoption was highlighted in a number of the studies, suggesting that inequality appears to be a key factor in adoption (Charlton et al. 1998, Hill et al. 1992, Lucklock and Broadhurst 2013, Neil 2007). The difficulties involved in raising a child in a single parent family were highlighted in a number of the studies of relinquishing birth mothers, including financial, housing and childcare problems (Bouchier et al. 1991, Cuthbert and Quartly 2012, Howe et al. 1992). In studies of birth parents whose children were adopted from care, wider issues of inequality were also highlighted, including poverty (Charlton et al. 1998, Hill et al. 1992, Lucklock and Broadhurst 2013, Neil 2007). However, in addition to poverty, factors impacting the parenting capacity of the parents are also highlighted such as mental ill health, drug or alcohol abuse, or learning disabilities (Neil 2007). This limits the consideration of the impact of wider structural issues upon adoption.



The voices of birth parents from Black and Minority Ethnic backgrounds are also missing from the figure 2 literature. The difficulty of accessing Black and Minority Ethnic birth parents is highlighted by Charlton et al. (1998). Ryburn (1994) noted that families from a Black and Minority Ethnic background perceived social workers to have a strong bias towards white cultural views. However, with the exception of these two studies the voices of these birth parents appear to be absent. This is concerning given the current policy move towards transracial adoption, with the repeal of S1.5 of The Adoption and Children Act (2002) for the local authority to consider a child's religious, racial and cultural background when placing a child for adoption in The Children and Families Act (2014 s.3). Neil et al. (2010) attempted to address the issue of race within their study of birth parents and contact, however this was achieved through asking parents from Black and Minority Ethnic backgrounds how their background impacted on the adoption, and no additional factors were identified. Whilst it is useful to ask these questions, a more detailed exploration may have illuminated this more fully.

Similar to the literature, the concept of inequality is predominantly absent from adoption judgements. The ethnicity of parents and children is also absent unless the parents are not British nationals and the judgement focuses on whether the proceedings should remain within the jurisdiction of the UK. However, a number of the judgements make reference to individualised problems including mental health issues, criminal behaviour, and drug and alcohol misuse. Whilst it is necessary to highlight individual problems within judgements as they are relevant to the welfare of the children involved, it is also necessary to acknowledge inequality, if that does play a part within individual cases. One judgement that does highlight poverty, *Re L (A Child) [2015] EWCA Civ 901*, concerns a four year old girl born in the UK in February 2011 to Polish parents. Care Proceedings commenced in October 2013 due to concerns around neglect, and were concluded in November 2014 with the judge granting a care order and placement order. The mother appealed against this in May 2015. The thrust of the case was about the trust of the parents and quality of the local authority assessment. What is of note, however, is that within the judgement the wider context of the case is described as a 'small family, living at a very low level of financial subsistence. It was a case where effectively they were living in poverty despite accessing some of the benefits to which they were entitled and despite the father working long hours' (*Re L* 2015:29). This is significant within the case as one of the concerns was lack of stimulation, evidenced by 'an absence of toys, play things and other paraphernalia of the ordinary stuff of a toddler's daily life' (*Re L* 2015:32) and 'the environment itself in the home was seen to lack ordinary stimulation' (*Re L* 2015:35). Given the conditions of 'abject poverty' that the family were living in, a lack of toys and possessions would not be surprising. The judgement raises wider questions about the impact of extreme poverty on

parents' ability to provide a stimulating environment for children. It also highlights some of the difficulties of an individual case work approach which does not provide a platform for exploring structural factors and their impact upon adoption.

Recent studies suggest that structural issues are relevant to adoption. Research using data from 374 child adoption records as part of the Wales Adoption Study, suggests that over a quarter of birth mothers and a fifth of birth fathers who had children placed for adoption were in care themselves (Roberts, Meakings, Forrester, Smith and Shelton 2017). Bywaters, Brady, Bunting, Daniel, Featherstone, Jones, Morris, Scourfield, Sparks and Webb (2017) used neighbourhood deprivation indexes as a measure for family socio-economic circumstances, and found that children in the most deprived centile were 11 times more likely to be looked after by the local authority than those in the least deprived centile. However, this is not distributed equally as higher rates of intervention were found in local authorities with a lower level of overall deprivation and there were also large inequalities between ethnic categories. Whilst this is rates for looked after children rather than adopted children, the research focuses on children adopted from care so these figures would suggest that children who come from families with greater socio-economic levels of deprivation would be more likely to be adopted.

This therefore raises questions about the link between structure and agency within adoption. Garrett (2002) explored the New Labour view of adoption prior to the introduction of the Adoption and Children Act (2002). He suggested that whilst birth mother's voices were present within the discourse on adoption, they were dismissed. Garrett suggests that one reason for this was the confusion that they bring to adoption. For example, post-adoption contact highlighted the lifelong process of adoption rather than treating adoption as a one off event. Another reason is due to wider ideological perceptions of poverty within New Labour and a 'conditional' approach to welfare (Garrett 2002:192). Similarly, Kirton (2013) suggests that the Coalition Government's adoption reforms, culminating in The Children and Families Act (2014), were linked to a neoliberal emphasis on privatising solutions to social problems, again leading to the absence of birth parent voices. In addition, studies that explore the experiences of birth parents look at the experiences of individuals, and children's social work which is undertaken on a casework approach focuses on the needs of individual children, in order to try and ensure the best outcome for each child. Whilst this is necessary both under legislation and importantly to the outcomes for individual children and families, it may lead to wider structural issues being neglected. Parton (2011) suggests that the notion of individual parental responsibility has superseded a more family centred approach to the

relationship between children, families and the state. This may lead to an over-emphasis on individual factors and ignore structural issues.

There is evidence, however, that the impact of inequality on adoption is beginning to be considered. Featherstone et al. (2018) highlighted concerns about the impact of adoption on those marginalised by society, coupled with recent increases in child poverty. Birth parents highlighted how social workers did not pay attention to contextual factors such as housing within assessments, and social workers raised concerns about cuts to family support and social work services. The review recommends that adoption should be located within wider social contexts of poverty and inequality (Featherstone et al. 2018).

This therefore suggests that there is scope for examination of wider structural effects on adoption, as despite the acknowledgement of the relationship between inequality and adoption within the literature it has not been fully explored. Bourdieu's concepts of habitus and symbolic violence, which raises questions around the differing capital of birth and adoptive parents, will be used as a framework to explore this. This research will explore what happens in the lives of birth parents to lead to their children being taken into the care of the local authority and then adopted, and what wider structural factors are at play in this. It will explore whether issues of inequality are addressed prior to their child being adopted, and whether and how the adoption may contribute to inequality. This also raises issues around consent, as constraining factors including inequality may impact on birth parents' decisions around consent.

### **Structure and Agency**

The question of power and how this may be defined was considered earlier. However, the question of power cannot be fully explored without a consideration of structure and agency. The International Federation of Social Work offers the following definition of social work:

*"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing."* (IFSW 2014)

This definition, endorsed by the British Association of Social Work within their code of ethics (BASW 2012), suggests that social work is applicable at both a structural and individual level. Social work is

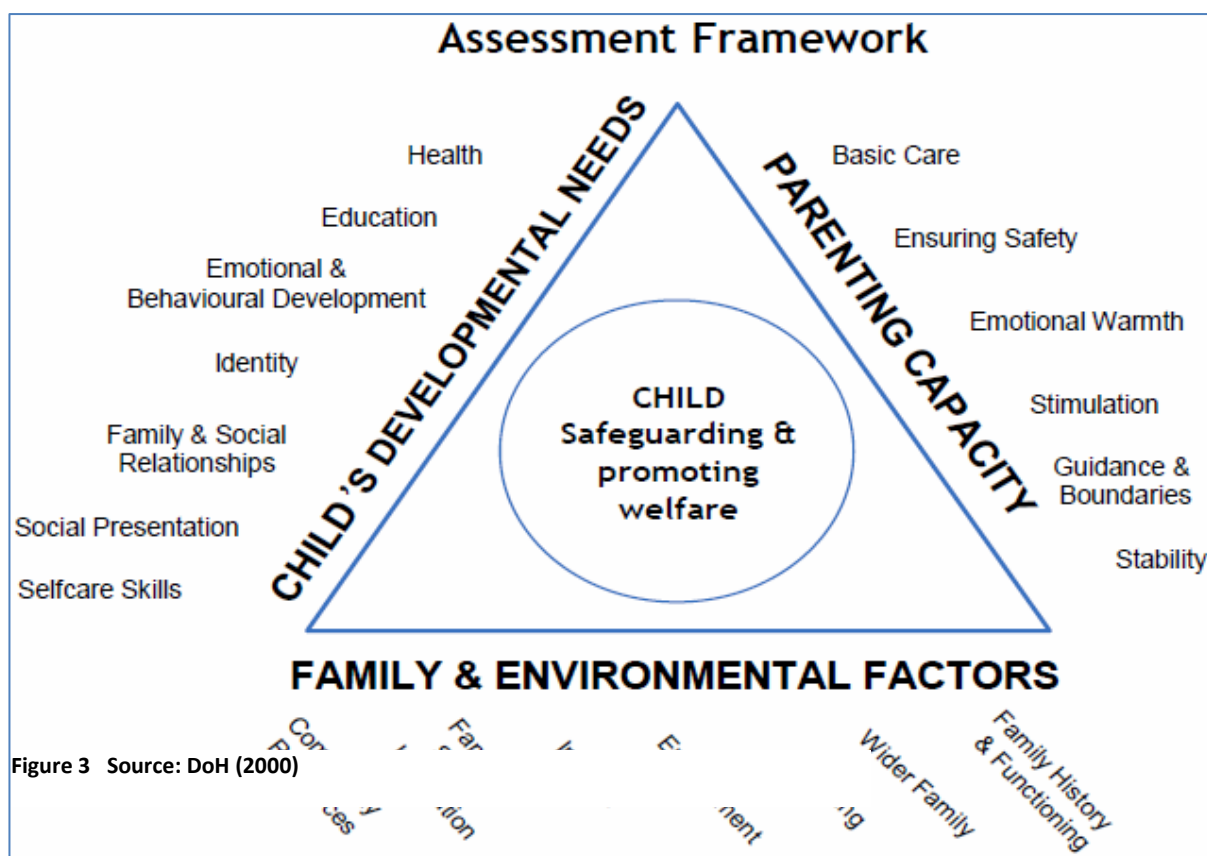
therefore working at an intersection between structure and agency (Fook 2002, Orme 2009, Smith 2010). A number of theories used in social work aim to address this including ecological theory and structural social work (Hick and Murray 2009).

### **The Assessment Framework**

The Assessment Triangle developed in 'The Framework for the Assessment of Children in Need and their Families' was designed to assess all children deemed to be in need, not just those at risk of significant harm under The Children Act (1989 s.47). The framework uses an ecological perspective, discussed below, to assess parenting capacity (DoH 2000). This framework was developed within a wider policy context which aimed to end child poverty and promote the welfare of all children, and as such it recognised the impact of poverty and economic disadvantage on parenting capacity (DoH 2000). The assessment aims to assess children within their family and wider environment by looking at 3 domains: child's developmental needs, parenting capacity and family and environmental factors. Each domain is broken down into subheadings (figure 3). Whilst the framework was child centred, it recognised that parents' needs could form an integral part of the process. In addition to the use of ecological theory, the framework also highlights the importance of attachment theory (discussed below).

The framework has been criticised as a method of assessing children and families, and as early as 2003 it was suggested that socio-economic factors were ignored within social work assessments (Gill and Jack 2003 cited in Helm and Roesch-Marsh 2016). There is also a danger that socio-economic factors may be acknowledged, but viewed as a result of individual parenting behaviour or conditions. For example, a government published review into factors impacting parenting capacity acknowledges the impact that factors such as learning disability, mental illness and drug and alcohol abuse may have on poverty, however the conclusion of the study suggests that it is the 'parental problems' that may lead to these 'social consequences' (Cleaver et al 11:199).

Research into the use of the assessment framework has also found that timescales and workload detract from the quality of assessments, and the framework may be reduced to simply the triangle (figure 2) without recognition of the underlying principles, contributing to a target-driven culture (Horwath 2011, Munro, Ainsworth and Hansen 2011). This has led to a reduction on the focus of supporting parents as workflow and performance targets are prioritised (Broadhurst et al. 2010).



Despite the difficulties, the assessment framework is still used as a tool within social work and is referred to in contemporary guidance for social workers including the updated Working Together guidance (DfE 2015) and the Munro Review of Child Protection (Munro et al. 2011). However, similar to the findings from Horwath (2011) the underlying theoretical principles appear to have been neglected as within the Working Together guidance description of the principles of good assessment, the term 'ecological' has been replaced with 'holistic', suggesting a move away from the theoretical underpinning of the assessment framework (Featherstone et al. 2014). In addition, Munro's recommendation that the Assessment Framework documentation is updated has not been implemented (Munro et al. 2011).

### ***The ecological perspective***

The ecological perspective was first developed in the 1970's by Bronfenbrenner (1979). It aims to explore the developing person within the environment, and the evolving interaction between the two. This is achieved via exploring the person within a series of social systems, which are nested within levels from individual to societal (Videka, Gopalan and Bauta 2014). Bronfenbrenner outlines four systems. The microsystem involves the activities or interactions a person may experience within a given setting such as the home. Next is a mesosystem, which is in effect a system of microsystems and involves the interrelations between two or more settings in which the person is involved (e.g. for a child, this may be the home environment and the school environment). The next

layer is the exosystem, which consists of settings in which the person is not an active participant, but nonetheless they impact the developing person (e.g. the parent's place of work). Finally, the macrosystem involves consistencies of systems that exist within a specific culture or subculture, and the underlying ideology that surrounds them (Bronfenbrenner 1979). The ecological perspective, therefore, has been developed to take a holistic view of a person within their environment (Seden 2006). Jones, Hindley and Ramchandani (2005) apply the ecological perspective to child development, and illustrate how a child's development may be impacted by the differing systems:

*"The ecological component of the model refers to the child's individual world as being surrounded by concentric layers of social organisation which are increasingly complex, and each of which is potentially capable of influencing the child's welfare. The first layer involves parent figures and carers, then family influences, followed by extended family, neighbourhood influences and finally those emanating from the broader social environment."*

(Jones et al. 2005:275)

This ecological perspective should therefore take account of all aspects within the assessment triangle. Problems occur when there is a lack, or perceived lack, of congruence between the person and their environmental resources (Gitterman 2014). A child in need, or suffering significant harm, would therefore be seen as being in a system which was dysfunctioning due to a mismatch between the systems and environment (Siporin 1980). The ecological perspective avoids placing blame on an individual, instead attributing blame to the systemic relationships (Siporin 1980).

The model has a phenomenological conceptual framework, originally developed from Kurt Lewin, who suggested that the focus should be the way in which each system is perceived by the human that interacts with it (Bronfenbrenner 1979). Therefore, the perspective takes a social constructionist ontological perspective, that is that a person's reality is socially constructed. The perspective focuses on how a person's environment is perceived rather than how it may exist in objective reality. However, the exploration of macrosystems allows for common systems to be explored, and suggests that within a specific culture, systems can vary dependent on different socioeconomic factors (Bronfenbrenner 1979).

This abstract level of ecological theory has led to criticisms that it is a meta-theory and thus unable to impact people's everyday lives in practice (Siporin 1980). However, it has also meant that ecological theory allows a multi-theoretical approach, as other theories may be explored as part of a system whilst using ecological theory as an overarching framework, as illustrated within the Assessment Framework (Seden 2006, DoH 2000).

### **Attachment theory**

Attachment theory was initially developed by John Bowlby in the 1940s, who termed prolonged separation between the infant and mother 'maternal deprivation' and suggested that this could cause delinquent behaviour and mental health issues for the child in later years (Crawford and Walker 2008). Bowlby's use of attachment theory has been critiqued and developed over the years, particularly in relation to the gendered nature of the bond between 'mother' and child and recognition that children can have multiple attachments (Aldgate and Jones 2006, Ingleby 2006, Nicolson, Bayne and Owen 2006). Despite this, Bowlby's work on attachment has been and remains extremely influential in child welfare (Garrett 2017, Nicolson et al. 2006). Whilst the gendered nature of attachment theory has been critiqued, nevertheless alongside traditional views of motherhood outlined below, the use of attachment theory could lead to notions of 'monster mother' (Frost and Rodriguez 2015). This could be negated by the use of alternative theories alongside attachment, including both a recognition of structural inequality for example through the application of sociological theory, and also a recognition of wider psychological theories which highlight some of the more difficult factors within mothering such as maternal ambivalence (Featherstone 1997).

More recently, neuro-scientific theories have been used to strengthen the claims of attachment theory (Wastell and White 2012). Neuro-scientific theories of brain development claim that trauma in a child's early years, including the time spent in utero, can lead to differences in brain development (Wastell and White 2012). Neuro-science is often linked to attachment theory (Wastell and White 2012). Neuro-science has been heavily criticised in terms of its evidence base and marginalisation of poorer parents (Macvarish, Lee and Lowe 2015, Wastell and White 2012). Despite this, the use of neuro-scientific theory alongside attachment is present within several government produced documents including 'The Munro Review of Child Protection' (Munro et al. 2011). This focus on neuro-science and the emphasis on the first three years of a child's life may therefore have contributed to the reduction of delay in care proceedings.

### **'Habitus'**

The ecological perspective has been criticised for being too theoretical and limiting the potential for social change (Hick and Murray 2009, Siporin 1980). Fook (2002) combines critical theory, with its emphasis on structure, with elements of postmodern theory to develop a theory of critical social work. However, she has been criticised for mixing incompatible theories (Gray and Webb 2009). One sociological theory which explores the interaction between structure and agency is the concept of habitus outlined by Pierre Bourdieu. Garrett suggests that this can be beneficial to social work due to the focus on the relationship between structure and agency (Garrett 2007, Garrett 2009).

Bourdieu explores the relationship between structure and agency through the concept of the habitus. The habitus is an individual's unconscious taking in of the rules and structures of society and enables an individual to understand and act in the social world (Swingewood 2000, Webb et al. 2002). The habitus develops in childhood, through the child's social environment including family and schooling.

Habitus is a key concept when considering inequality. Bourdieu suggests that society is made up of fields, which consist of social spaces (Swingewood 2000). For example, the family would be a field, school would be a field. These fields are both objective, as they exist independently of consciousness, but are also subjective, as an individual has some agency within a field, and a mental understanding of that field (Swingewood 2000). However, the agency of an individual is constrained through factors within the field such as their class, their level of education and their family background (Dillon 2010). It is possible for an individual to gain capital within a field, for example through gaining qualifications in education which could lead to an increase in both economic and cultural capital, however change is likely to be a slow process (Dillon 2010, Webb et al. 2002). Everyday habits and practices are part of an individual's habitus, and as such they reflect and reproduce class differences (Dillon 2010).

Fields are controlled by those in power, and are a constant site of struggle between those in power, and those trying to gain power. According to Bourdieu, power is achieved through acquiring capital (Webb et al. 2002). However, unlike other class theories Bourdieu does not limit the acquisition of capital to economic capital, and suggests that if an agent acquires cultural or symbolic capital that will also increase their prestige and level of power. It is symbolic capital that gives people power to create and name the official or legitimate version of the world, and dominate constructions of reality (Harker et al. 1990). The way in which those with symbolic capital within a given field maintain control within the struggle for power is through the use of symbolic violence. Symbolic violence is a form of violence which is misunderstood by those on whom it is perpetrated, as it is presented in such a way that it is viewed by the victim as natural. For example, gender inequality may be viewed as 'natural' by some women, and therefore accepted as a part of everyday life. This is because an individual's habitus, or understanding of the world, is confined by the expectations that are placed upon them by their class and social position. In this way, an individual is complicit in their own domination (Webb et al. 2002). The concept of symbolic violence is therefore relevant in considering birth parents' experiences of consent within adoption, as it questions the reasons why people may hold certain views or opinions.



Symbolic violence can be a key concept in understanding inequality and power struggles within social work. Individuals with a high level of symbolic capital dominate the structure of society and are able to impose their construction of reality as the 'correct' version of the world (Harker et al.1990). Bourdieu viewed law as a way that those in power expressed symbolic violence and social workers as 'agents of the state' (Bourdieu (2002) cited in Garrett 2009). Garrett suggests that this raises questions around how the habitus of birth parents may lead to different understandings of the concept of 'good enough parenting' and also raises questions about the differing capital of birth parents and adoptive parents and whether this may be a factor in adoption (Garrett 2007). This is worthy of further exploration, as historically, adoption in England has involved children from poorer families being adopted by wealthier adoptive parents (Dey 2005, Lewis 2004).

Bourdieu has been criticised for failing to recognise the impact of factors such as race, ethnicity and gender in addition to social class (Dillon 2010, Garrett 2009). Swingewood also suggests that the theory of habitus can portray a limited sense of the social self without opportunity for exploring the impact of dialogue (Swingewood 2002). Despite these limitations, the theory is beneficial in exploring the link between structure and agency and considering the impact of inequality within adoption.

### **Feminism and Bourdieu**

One way of addressing the limitations of Bourdieu's theory of habitus is through using critical feminist perspectives to explore gender issues. Feminist perspectives start from a position that society is not equal, and are concerned with highlighting and challenging the oppression of women through patriarchy (Orme 2009). However, oppression may take different forms including gender, race, sexuality, and disability among other things. Letherby therefore suggests that a feminist approach to research should recognise the significance of gender, value the personal as an area of study, value reflexivity and have an emancipatory approach which seeks not only to describe the world but also to change it (Letherby 2003). A feminist approach recognises that knowledge is grounded in an historical and social context, and expressed through language (Mauthner and Doucet 1998).

Whilst Bourdieu has been criticised for failing to address gender (Dillon 2010, Garrett 2009), feminists have used Bourdieu's concepts to relate to gender. Skeggs (2004) suggests that due to the 'natural' appearance of gender, it is a hidden form of cultural capital and may be a form of symbolic violence. Different factors are marked within an individual's habitus, including gender, class and race, however they are not all worth the same (Lawler, 2004). As cultural capital is transmitted primarily through the family, there is often a link between individual and class trajectories, due to

the generative nature of habitus (Lawler 2004, Reay 2004). Gillies(2006) uses the concept of 'emotional capital' to illustrate both the classed and gendered nature of parenting (Gillies 2006:142). Therefore, critical feminist perspectives used alongside Bourdieu's concept of habitus may therefore explore questions around adoption which often involves more wealthy adopters adopting children from poorer families (Dey 2005).

### **Motherhood**

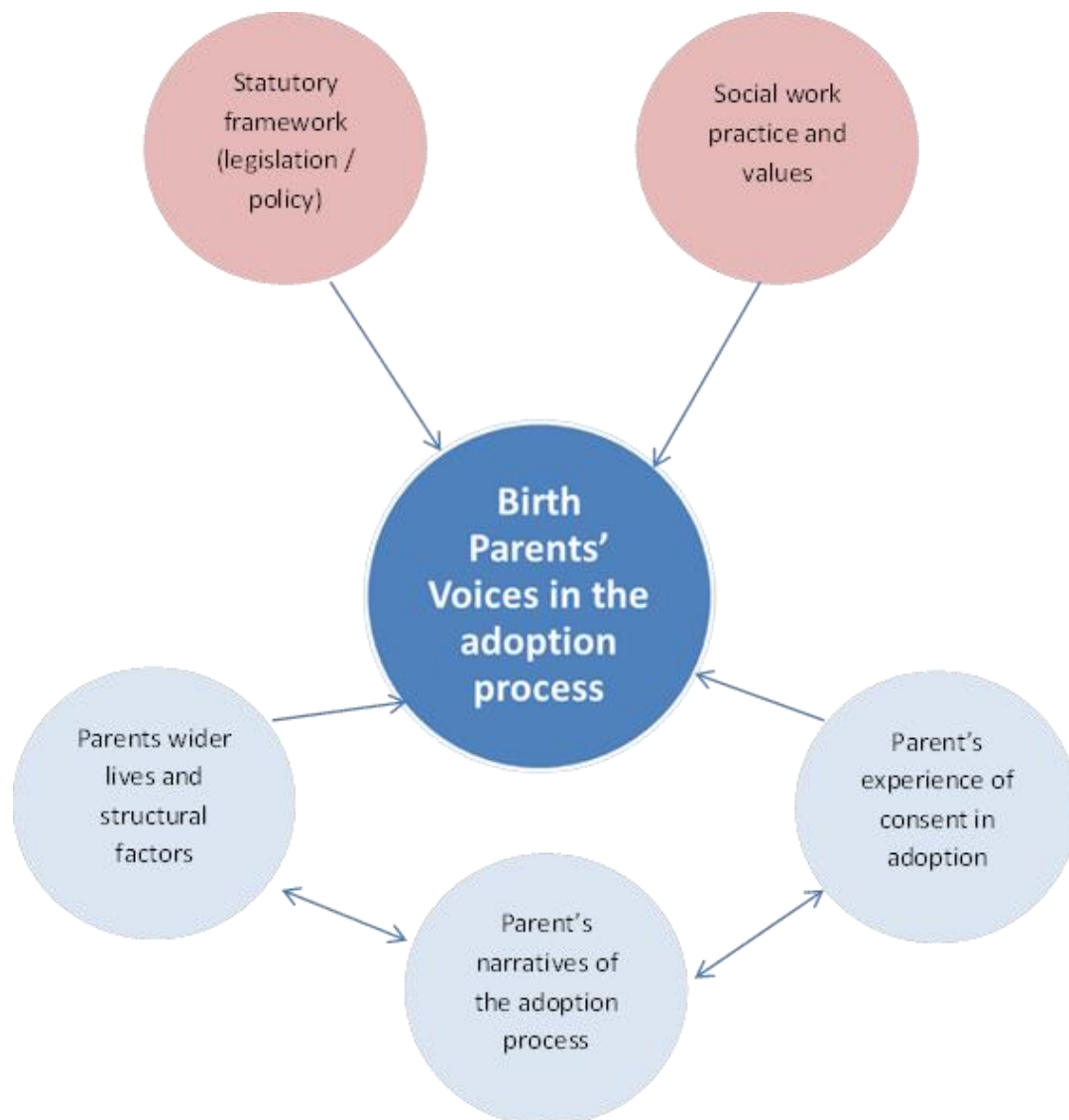
This research focuses on birth parents, however literature suggests that there is a gendered nature to parenting with differences between discourse around motherhood and fatherhood (Alldred 1996, Pheonix and Woollett 1991). Motherhood has been viewed traditionally as central to concepts of femininity (Dominelli 2009). As such, motherhood is viewed as integral to being a woman and could be said to establish "women's credentials as women" (Pheonix and Woollett 1991:6). Therefore, motherhood is strongly associated with notions of morality and women's identity (Gillies 2006). Conversely, it is acceptable within society for fathers to have greater emotional and physical distances from their children (Dominelli 2009, Gillies 2006).

However, whilst motherhood may be romanticised and idealised, it has been argued that traditional notions of motherhood are based on middle-class values, and working-class mothering practices may be overlooked or pathologised (Gillies 2006). Mothers who undertake mothering practices in a way that society perceives as incorrect or undesirable are devalued (Pheonix and Woollett 1991). This therefore raises questions about the experiences of birth mothers and birth fathers who have lost a child to adoption, and how adoption may impact upon their own sense of identity and self-worth.

### **Conceptual Framework**

Conceptual frameworks may be used to illustrate the important features of research and the relationship between them (Miles, Huberman and Saldana 2014, Robson 2011). My conceptual framework illustrates the core elements of my research. As can be seen from figure 4, the voices of birth parents are the central focus of the research. The literature has illustrated how birth parents voices have been silenced or marginalised, and are therefore absent from wider discourse around adoption.

The outer circles highlight the context in which birth parent voices will be situated. The statutory framework outlines the legal process of adoption, including how consent is dealt with in legal terms. However, the review of literature has illustrated that policy changes, and changes in social work practice, have also impacted adoption e.g. the changing nature of the concept of 'delay'.



**Figure 4** Source: Author

Social work practice and values are also core elements within the research. As a qualified social worker, this has been influential both in terms of how I identified and approached the topic. Social work values, highlighted in the IFSW definition of social work, focus on the individual within their wider environment. This focus, both in terms of the wider context of birth parent lives and the structural processes including the legislative framework, has been included within the research.

In addition, much of the research around adoption is carried out via social work academic disciplines, although some of it is influenced or undertaken by psychology and counselling disciplines.

Therefore, existing research also has links with social work practice and values.

In terms of birth parents voices, there are three main elements that will be included in the research. Firstly, birth parents understanding and experiences of consent. This is vital as it has not been explored at all within the literature. Birth parents narratives of the adoption process are also important, as birth parents voices continue to be silenced or marginalised within adoption literature. This research has a wider focus, as it takes on board the social work principle of 'person in environment', therefore parents wider experiences and structural factors that may have impacted upon their experience of adoption and consent will also be considered. Bourdieu's theory of habitus has been used alongside critical feminist theory to explore the links between structure and agency. These three elements will combine to highlight birth parents voices within the adoption process.

## **Conclusion**

Adoption severs the legal relationship between a birth parent and child, giving parental responsibility to the adoptive parents. Adoption is therefore a lifelong process which changes the lives of all involved; child, birth parent and adoptive family in addition to siblings and extended family. Birth parent voices are essential for two reasons, as service users in their own right and the impact that they have on the child and adoptive parents. The research aims to contribute to wider debates around adoption by allowing parents' voices to be heard. This chapter has highlighted a number of gaps and questions within current literature which are identified below.

The first gap identified within the literature was focused on birth parents experiences of consent within adoption. Whilst the legal view of consent, in which a parent's consent is dispensed once a placement order is granted, appears straightforward, research suggests that parents lived experience may be more complex and requires further exploration. Factors including the rights of birth fathers without parental responsibility, and the experiences of parents with learning difficulties, and parents who agreed to their children being placed with the local authority under The Children Act (1989 s.20) increase complexity around consent. An analysis of birth parents understanding of consent within the adoption process, and how their lived experience of consent may differ from the legal process, would therefore be beneficial. This would establish whether birth parents' lived experiences of consent do differ from the legal process and what, if any, impact this has on birth parents during the adoption process.

Another gap focuses on birth parents experiences of adoption since the implementation of The Adoption and Children Act (2002). It appears surprising that there is a gap of birth parents perspectives after the implementation of this Act given the wealth of literature published before this. However, it has been asserted that whilst the discourse around birth mothers is more available within the literature they continue to be dismissed (Garrett 2002). This chapter has illustrated a number of changes to adoption in recent years, including legal changes, judgements, and guidance on issues such as post-adoption contact and support. Professional views on delay have also changed resulting in a reduction in the length of care proceedings to reduce delay for children. These policy changes should also be viewed within wider changes within social work, including a greater focus on risk and individual responsibility. An exploration of birth parents experiences of the adoption process including their experiences of care proceedings, particularly since the implementation of The Adoption and Children Act (2002) in 2005, would begin to address this gap.

This chapter has also highlighted a focus on individual responsibility within recent studies on adoption, despite an acknowledgement of some of the adversity faced by birth parents and recent research highlighting inequality within the rates of children looked after by the local authority (Bywaters et al. 2017). Factors such as the mental health of birth parents, and circumstances leading up to the adoption of their children, are not explored within a wider societal context. An approach which allows for the exploration of individual circumstances within both the context of birth parents' individual lives and also a wider societal context would address this gap.

Links between structure and agency within adoption has also been explored within the chapter. The above research illustrates how inequality may impact on the likelihood of a birth parent losing their child to adoption, either via relinquishment or without consent. However, this link has not been fully explored within literature. It has been suggested that Bourdieu's concept of habitus would allow for a greater exploration of this link and enable an exploration of how adversity may impact birth parents experiences of adoption.

Four key limitations of current literature have therefore been identified. The conceptual framework has set out how these will be addressed, through keeping birth parent voices central to the research process within the context of legislation, social work values, and birth parent narratives and experiences of consent. Structural factors will also be considered. The following chapter sets out how these gaps have contributed to the research aims, and explain the methodology used to explore these areas and answer the research question.

## Chapter 3: Methodology

*"I'm grateful to be able to have this research to know that, um, there's people who are there who understand and can help us to um face the future basically. Um, without that research you know, um, I don't think people would understand all about adoption, and why you know people, er, families have to go through that."*

(Sally)

The previous chapters illustrated a gap in the research concerning birth parents experiences of adoption since the introduction of The Adoption and Children Act (2002). They identified that the issue of consent to adoption by birth parents required further exploration. The literature also highlighted a lack of analysis of issues of inequality and the link between structure and agency, despite recognition that inequality is a factor in adoption. This has led to the research having the following aim and objectives:

A critical exploration of birth parents' experiences of adoption from care, including their understanding of consent

Research Objectives:

1. A critical evaluation of birth parents' experiences of adoption from care, including their experiences of care proceedings
2. A detailed exploration of the events and circumstances leading up to the adoption both within the context of birth parents lives and within a wider societal context
3. To assess the impact of adversity on birth parents' experiences of adoption
4. To discuss how birth parents view consent within care proceedings and leading to adoption, including their experiences of consenting to or contesting adoption

These aims and objectives address the following research question:

What are birth parents' experiences of adoption from care, and how do these experiences contribute to their understanding of consent within the adoption process?

This chapter addresses how the methodology and methods were identified in order to address these aims and objectives and answer the research question. Research methodology describes and informs the research process, from the initial conception of the study, throughout the fieldwork stage, analysis of data and writing up the research. This chapter is in two main sections. The first section outlines the methodological approach to the research, exploring the theoretical concepts that led to the design of the research. Within this section, researcher positionality, ethical considerations, and the theoretical concepts that led to the design of the research are explored. The

theoretical perspective of social constructionism is discussed. This also links with the conceptual framework around structure and agency, linked to Bourdieu's theory of habitus. This perspective influenced the methods chosen to carry out the research as they reflect the values and perspectives highlighted due to the positionality of the researcher and theoretical perspective.

The second section of the chapter then outlines the methods used to undertake fieldwork. This outlines the methods used to gather data, including a discussion around data analysis, and considerations of data collection including access to participants and sampling.

### **Part 1: What is methodology?**

The research methodology is a theoretical framework which provides a way of understanding the research and interpreting the research findings (Bryman 2016). It therefore helps the researcher to make choices about the research from the moment of inception (i.e. identifying a research topic and defining the research aim) until the research is completed (including writing up and presenting the research) (Silverman 2013). Therefore, issues including researcher positionality, ethics, and theoretical perspectives are outlined in this section. These issues have emerged since the start of the research, from the very early stages where the research was being proposed until completion. These methodological considerations have informed the methods outlined in the section below.

#### **Researcher Positionality**

The notion of positionality within research has been criticised as it may lead to the researcher making assumptions, can perpetuate western bias, and may overlook some aspects of positionality whilst over-emphasising others (Frost and Holt 2014). Despite this, it is often used within feminist research to illustrate how researcher positionality may shape the perspective of the researcher (Frost and Rodriguez 2015). This research developed out of my personal interests and experiences, and my positionality was integral to my approach. I therefore feel that it is important to outline my own positionality within the research.

The research initially arose out of my personal interest in adoption. I am a qualified social worker, and have spent many years supporting looked after children. I have worked both on a fostering team, supporting carers and children when they are in care, and in a court team. During my time in the court team, I had case responsibility for children and part of my role was to assess their family situation and make a recommendation to court, either for the children to return home to the care of their parents, live with extended family members, long-term fostering or adoption. My interest in adoption was sparked particularly whilst I was working within this team, as I worked with several children who were placed with adopters. I then went to work for a voluntary agency in a joint

fostering and adoption team. Whilst I worked predominantly in fostering, I was involved in initial visits, contacts with prospective adopters, and adoption preparation training, and retained an interest in adoption. My interest in the research was sparked by the report on adoption in the *Times* newspaper (Narey 2011), and the anecdotal change in referrals we were experiencing within the workplace in the period after the report as more children became available to be placed for adoption, with the ages of children looking for foster placements getting younger. At that time my personal view of adoption was less critical, but I was concerned that with an increase in the number of babies and young children being adopted, 'hard to place' children including sibling groups and older children may not achieve permanency through adoption.

However, early reading of adoption literature challenged my assumptions. Whilst I still feel that adoption is right in some circumstances, I am concerned that it has been used too indiscriminately when other options could have been explored. I am also concerned that the link between poverty and likelihood of being looked after, and subsequent adoption is not explored within adoption literature (Bywaters et al. 2017). The research has therefore led me to adopt a more critical approach. This process has been twofold; firstly having the opportunity to read more widely around adoption, and secondly in terms of the transition from practitioner to researcher. This transition challenged my assumptions as it forced me to look at adoption on a wider level rather than working with individual children and families. Initial reading also challenged my assumptions about the positive nature of adoption and enabled me to see it in a more critical light.

My interest in the voices of birth parents stemmed from this desire to undertake a more critical approach to adoption. Throughout my time as a social worker I have always aimed to work in partnership with parents wherever possible, and take the principles outlined in The Children Act (1989) to be an intrinsic part of my practice.

My positionality as a researcher was significant not only in my choice of topic, but also in how the research was undertaken and subsequent findings. My concern about the relationship between structure and agency in birth parents experiences stems from a social work focus on emancipatory values (Hardwick and Worsley 2011). I decided to disclose my previous role of social worker to participants, either when I attended support groups to highlight the research, or early on in our conversation. Many birth parents felt anger at social workers and it was important that they did not feel betrayed by finding out about my status as a social worker after they had shared personal information, and withholding that information from parents would have prevented parents from giving informed consent. Whilst this may have prevented some parents who would have otherwise



spoken to me from taking part, and in some cases would have affected what information was shared as part of the research, I felt it was ethical to disclose this information to participants.

This also raised questions about my status in terms of whether I was an insider or outsider, and whether I should position myself as a researcher-practitioner. On the one hand, as a qualified social worker with some experience in court work and adoption, I could view myself to some extent as an insider. As demonstrated above, the research topic emerged out of my practitioner experience, or action, which is a feature of practitioner-research (Shaw and Lunt 2011). My 'insider' status also had benefits in terms of accessing participants, as I could use my professional status as a social worker to access gatekeepers and make links with agencies. However, by leaving my job and undertaking the research through a university I also felt a sense of disconnection from everyday practice and in that respect felt like an 'outsider'. This had a negative element in terms of the disconnection, but was predominantly a positive experience as it opened up new opportunities for learning and developing my ideas, in addition to a greater freedom in terms of determining the research aims and objectives and allowing for a broader sample than would have been the case had I undertaken the research whilst still employed by a social care agency, as research carried out by practitioner-researchers in a specific agency may be influenced by organisational expectations and suggestions (Shaw and Lunt 2011). Whilst I disclosed my profession to participants, my more outsider status, whilst at the same time retaining knowledge of the adoption process, may have enabled participants to feel more comfortable with taking part in the research.

In addition to my positionality as a social worker, I am also a mother. This is something that impacted the research, both in terms of how birth parents viewed me and also in terms of how I reacted emotionally to some of the birth parents' accounts of their experiences. This is explored later within this chapter. Again this raised questions about my insider-outsider status, as it contributed to my insider status as a parent and mother, but an outsider as I have not lost a child to adoption. This was important for me to reflect upon as the status of mother holds moral connotations (Frost and Holt 2014, Miller 1998). This is particularly important to reflect upon given my social work status and the social work emphasis on attachment theory, which, with its focus on the relationship between mother and child, contributes to the notions of 'monster mother' (Frost and Rodriguez 2015:196). The previous chapter demonstrated that binary oppositions in relation to the concept of power are flawed. In the same way, it has also been argued that binary oppositions in relation to insider and outsider are flawed, and instead researchers occupy the hyphen in insider-outsider, which they refer to as 'a space between' (Dwyer and Buckle 2009:60). This space allows for

complexity, contradiction and ambiguity within the research process, and is subject to constant negotiation throughout the research process (Letherby 2003, Edwards and Ribbens 1998).

### **Ethical Issues**

My positionality as a researcher has also informed the ethical considerations of the research. There are a number of ethical considerations within the study. As a registered social worker, I am committed to the values of 'respect for the equality, worth and dignity of all people' (BASW 2012:5). Research involves multiple accountabilities (Powell 2002). In this study, that included a number of different individuals and organisations, including the research participants, University, and Voluntary Agencies, in addition to upholding the values of social work as a profession. Ethical approval was obtained from the University, and updated on several occasions as the fieldwork progressed and evolved (Appendix 1). Ethical approval from Voluntary Agencies was also given as part of this process, through the use of a gatekeeper to access participants. The research adhered to the principles of conduct for research (Coventry University 2009) and the principles of ethical research identified by the ESRC, which include: voluntary consent of participants, worthwhile research, anonymity and confidentiality, transparency and quality of research, and independence of research (ESRC 2015). Ethical issues were considered throughout the study through use of the research journal and discussion during supervision in addition to formal ethical approval.

There are a number of issues that were considered with regard to research participants. Issues of confidentiality and anonymity were pertinent, particularly as the numbers of birth parents who have had children adopted from care is relatively small, and many of the parents described unique experiences which may be recognisable. Several steps were taken to minimise this risk. Participants were accessed throughout England and Wales, and the research does not state the location of each participant. All recordings and subsequent case histories have been anonymised, and identifying details such as the year that their child was adopted have been changed.

In addition, previous chapters have illustrated that birth parents may have experienced marginalisation and oppression, and it was therefore important that the research did not further contribute to this by upsetting vulnerable participants and through misuse of power by the researcher. The subject of adoption is extremely sensitive and many birth parents found talking about their experiences upsetting. The notion of informed consent was therefore extremely important. Hardwick and Worsley (2011) suggest that informed consent involves informing participants about all aspects of the research and that they are aware of any factors that may impact upon their decision to participate. In order for the consent to be valid it has three factors: the person must be competent to make consent, it must be voluntary and participants should be

provided with sufficient information to make an informed decision (Hardwick and Worsley 2011). As mentioned above, I told participants about my role as a social worker as I felt that they needed this information to make a decision about informed consent. It was also necessary to share limitations of the research. Throughout this I was aware of some of the power issues discussed in the previous chapter, and the complexities of my own positionality as a researcher, social worker and mother outlined above.

Appendix 2 shows the participant information sheet that was designed for birth parents. This was shared with prospective participants at the recruitment stage, either via a gatekeeper or through attendance at a birth parent support group. At this stage all prospective participants were informed of the nature of the research, and their right to withdraw from the research. The participant information sheet was also discussed in depth during the first session with participants. In addition, time was spent after each visit debriefing, and where necessary ensuring further support for participants either via gatekeepers, through their own informal support networks and / or through the provision of an information sheet outlining agencies which could offer additional support to parents (Appendix 3). Informed consent was obtained from all participants (Appendix 4), and participants were reminded of their right to withdraw from the research throughout the study. All participants were offered transcripts of their 'life history interviews', and were returned for validation to 11 of the 14 participants. In addition, two focus groups were held in October 2017, once 'life history interviews' had been completed and initial data analysis had been undertaken. These focus groups enhanced the credibility of the research through sharing preliminary findings, and also ensured that balance could be obtained between meanings imposed by the researcher and the voice of the participants. As part of this process it is important to acknowledge that research participants have insight and are capable of reflecting on their experiences (Humphries 2008).

### **Researcher Reflexivity**

Researcher reflexivity is twofold: firstly it requires the researcher to reflect on the methodology and methods used throughout the research, and secondly to demonstrate an awareness of the political, social and cultural context of the researcher (Silverman 2013). The need for researcher reflexivity was key for a number of reasons. Firstly, to consider power differentials and how this may have impacted on a participant's ability to give informed consent. Next, in order to allow for recognition of unexpected findings, which may cause an ethical dilemma to the researcher (Smith 2009). A reflective journal has been used throughout the research, in addition to regular supervision.

It is also important to consider the audience of the research and how it may be subsequently used, and the implications of any findings. The research is designed to challenge policy and practice in a

way that will serve to reduce inequality that birth parents may experience; however there are no assurances that audiences, or readers of the research, will share this intent (Gray 2007). The limitations of the research in this respect were discussed with participants. A number of birth parents suggested that they wanted to participate in order to make a difference, particularly with regard to changes in policy, or in order to help other birth parents. However, they were also able to recognise the limitations of the research and the risk that it may be ignored or misused. This is discussed more fully in Chapter 6.

Data has been stored confidentially, on a password computer system adhering to the data policy of Coventry University and The Data Protection Act (1998). Interview transcripts have been anonymised, and stored separately to signed consent forms. This is essential given the sensitive and confidential subject matter.

Further ethical considerations, including challenges in accessing participants, and power dynamics within the research, are explored below.

### **Social constructionism**

This research has been informed by social constructionism. Theoretical perspectives provide a frame, or understanding of the world, in which the research is situated. A social constructionist perspective suggests that an understanding of social or natural phenomena is socially constructed (Crotty 1998). Therefore, our knowledge and understanding of the world and our experiences is achieved through our social experiences and interactions. There are two forms of social constructionism, with differing ontological views. One form has a realist ontological viewpoint, therefore whilst this form views the social world as socially constructed, the natural world is viewed as real (Bryman 2012, Crotty 1998). Bryman (2012) views social constructionism as purely relating to the social world. However, Crotty (1998) takes an alternative viewpoint, suggesting that social constructionism takes an ontological viewpoint which is both realist and relativist. This is because whilst social constructionism does not dispute the existence of the natural world, thus accepting that the natural world is 'real', it suggests that our understanding of the world, which is both natural and social, has been socially constructed.

Social constructionism has therefore been identified as a theoretical perspective which recognises that birth parents all experience the same, very real phenomena, that of having a child adopted, but each parent will have different perceptions and experiences according to their individual circumstances. However, as social beings their perceptions and experiences will have been shaped according to their engagement and interaction with the social world. Social constructionism, therefore, allows for the study of the relationship between structure and agency as it allows for the

exploration of individual experiences, but seeks to interpret these through an understanding that is social. In Chapter 2, Bourdieu's concept of habitus was suggested as a conceptual framework relevant to the social work definition of 'person in environment'. This ties in with a social constructionist perspective, as it suggests that people are constrained by their habitus, or way that they perceive the world (Swingewood 2000, Webb et al. 2002).

Social constructionism could be critiqued as if taken to extreme it could have a completely relativist ontology, suggesting that there is no such thing as 'agency' as all our experiences and perceptions are based on our own prior experiences of culture. This viewpoint could lead to an inability to act to address issues of inequality (Butler-Kisber 2010). This research addresses this issue by taking a view which accepts that adoption is a 'real' event, but that how this event is experienced, and who experiences adoption, is socially constructed. It also incorporates Bourdieu's concept of habitus as a method of examining the relationship between structure and agency and as a way of addressing inequality, alongside critical feminist theories.

At a first glance, feminism and Bourdieu both appear to differ from social constructionism, as they view the world in a more critical way by highlighting the inequalities apparent within society. However, that does not mean that they are incompatible with social constructionism. Whilst some extreme forms of social constructionism may be criticised for their relativity, Crotty (1998) suggests that it may foster a critical spirit due to the emphasis on the hold culture has on an individual's view of the world, and the role that culture can play in either limiting or liberating an individual's experiences.

It is also important to highlight the significance of postmodernism on theoretical perspectives and within social work practice. Postmodernism suggests that there is no one definite version of reality, and suggests that researchers proceed with reflexivity and tentativeness (Bryman 2016).

Postmodernism questions binary oppositions and allows for contradiction and difference as our concept of 'reality' is constructed out of multiple discourses (Fook 2002). It has been influential in developing concepts of power within social work (Pullen-Sansfaón and Cowden 2012, Smith 2010). For this reason, postmodernism has been criticised as it may serve to fragment an individual's experiences and not take them seriously (Parton 2009). None-the-less, it is important to recognise the influence of postmodernism on the re-emergence of narrative methods in the 1960s. Plummer suggests that postmodernism should therefore serve as a caution during the research process, and contribute to 'a self-consciousness about method' (Plummer 2001:119).

## **Credibility**

The theoretical perspective outlined in Chapter 2 creates difficulty with evaluating the quality of the research, as traditional positivist notions of validity and reliability are rejected. It has been suggested that this has led to a crisis in qualitative research, both of representation (how data is presented) and legitimization (how research can be evaluated) (Denzin and Lincoln 2000). Despite these difficulties, a number of researchers have come up with criteria for evaluating the quality of a qualitative study. These criteria have been applied to this study.

One way in which the credibility of a study may be assessed is through triangulation of method or participants (Humphries 2008, Padgett 2008, Smith 2009). Triangulation may be used to allow for a more in-depth understanding of the phenomenon being studied, adding rigor, breadth and depth to research (Denzin and Lincoln 2000). This study uses triangulation by speaking to a variety of participants, and using multiple methods including 'life history interviews', timelines and photographs and objects to elicit information. Another way to enhance credibility is by undertaking a negative case analysis, which involves the process of searching for disconfirming evidence once data analysis has been carried out (Padgett 2008). These tensions should be explored as part of the data analysis and discussion (Butler-Kisber 2010).

A key way to ensure credibility is through transparency. Unlike a quantitative study, it is not possible to replicate a qualitative study and obtain exactly the same results. The section on positionality at the beginning of this chapter illustrates how researcher positionality may have impacted results. Life histories are created collaboratively and allow for contradictions and complexity as they explore contested versions of reality (Tierney 2000). Reliability would therefore not be possible within narrative research. However, transparency, or clarity about the research process, including writing up, can add rigor (Butler-Kisber 2010, Goodson and Sikes 2001). This should be apparent throughout the research, from the research philosophy to the final discussion. A research journal has been used throughout the process to aid researcher reflexivity, reflection and allow for transparency.

A further way to ensure credibility of research is a commitment to ethical principles. This involves an awareness of the participants, and seeking a sense of voice and agency that enables action (Altheide and Johnson 1998, Tierney 2000). Ethical principles have been explored more fully in the section above.

Despite this, the limitations of the study should also be noted. The study aims to explore birth parent experiences of adoption, including their understanding of consent. However, the majority of participants were accessed through voluntary agencies which offered support to birth parents. Therefore, the experiences reflected in the research are those of parents who accessed support

after their child was adopted and may not reflect the views and experiences of those parents who have not accessed these agencies. This is an issue reflected in other research with birth parents (Logan 1996, Neil 2012). It is also significant to note that, similar to other research, Black and Minority Ethnic birth parents were largely absent from this study (Charlton et. al. 1998, Neil et. al. 2010). This may be a reflection of wider issues of inequality explored in Chapter 2.

## **Part 2: design and implementation of fieldwork**

### **Methods**

The research aims to explore the experiences of birth parents of children adopted from care. It is particularly interested in birth parents' understanding of consent. The conceptual framework focuses on birth parents voices, so methods have been identified which aim to keep birth parents voices central to the research. In order to address this research aim, a qualitative approach was adopted, as qualitative research involves studying phenomena within natural settings in order to illuminate and interpret the world (Denzin and Lincoln 2000). This research studied the phenomena of adoption from care, from the perspectives of birth parents. The methods outlined below have been identified in order to address the research aims highlighted in the introduction, whilst keeping birth parent voices centred and also addressing issues of structure and agency.

### **Life History Methods**

Life history is a form of narrative research. Narrative research is based on the study of narrative, or story. In life history research therefore, the research starts with the experience of a person's life (Atkinson 1998, Clandinin and Connelly 2000). Narrative research is used for many different purposes and as such can be understood at many different levels, from discrete chunks of prose used by social-linguists to narrative composed from multiple field work including interviews and observation used by anthropologists (Riessman 2008). The narrative identified in this research is taken from 'life history interviews', which have been used to construct a life history of the participant, focusing on their experience of the adoption process.

Narrative research first rose to prominence in the early 20<sup>th</sup> Century, through the use of anthropologists in the Chicago School, which had a realist ontology (Butler-Kisber 2010, Riessman 2008). The life history was seen as complementing statistical research. It then fell out of favour, as more statistical research methods were favoured (Plummer 2001). However, it resurfaced in the 1960s, at a time when concerns with representation and language led to more relativist ontologies being adopted (Roberts 2002). This period of time became known as the 'narrative turn' and

coincided with an interest in postmodernism, when studies exploring grand narratives were replaced by studies focused on more local studies of lives (Plummer 2001).

A life history approach is a specific form of narrative research, defined as a history of a person's life told to the researcher by the participant, and interpreted and placed in context by the researcher (Goodson and Sikes 2001, Roberts 2002, Tierney 2000). It is constructed collaboratively between the researcher and participant, as it aims to place the story into context and explore the interaction between an individual's story and their historical, temporal and social context (Giele and Elder Jr 1998, Goodson and Sikes 2001). It is this exploration of the link between events and the social, political, historical and economical contexts that turn a life story into a life history (Tierney 2000). Life history methods also allow for an exploration of how a life has been socially constructed (Goodson and Sikes 2001). In addition, life histories themselves may also be viewed as social constructions, located within historical circumstances (Goodson and Sikes 2001). A life history welcomes contradictions, and is interested in how an individual accounts for contested versions of reality (Tierney 2000). For these reasons, a life history approach may be viewed as an appropriate method to use with groups whose voices have traditionally been silenced, and as a way of seeing how the experience of adoption has been embedded within the whole life of the participant (Letherby 2003).

Plummer (2001) suggests that life histories themselves have been used diversely, they may be long, created over a number of months or years, or may be shorted and more focused. One life history may stand alone, or several may be woven together in a series. The aim of a life history may vary, from grasping a life as a whole to focusing on a specific topic. Within this research, life histories were focused on the experience of the adoption process. Fourteen life histories were collected, illustrating both the diversity of experience and also common issues and problems (Letherby 2003). However, whilst the analysis found a number of similarities between parents' experiences, they are not intended to become a collective story; instead they aim to uncover 'the confusions, ambiguities and contradictions that are played in everyday experiences' (Plummer 2001:40).

A life history approach is therefore the best approach for this research as it highlights birth parent voices, whilst allowing for a consideration of the impact of structure and agency on experience. This is an important consideration as structural factors are often left out of research about birth parents, despite the social work emphasis on 'person in environment'. Life histories are not concerned with finding one 'truth'. Plummer (2001) used Bourdieu's concept of habitus to highlight how memories are nested within a person's habitus; therefore life histories explore 'the meanings people attribute to their experiences and social worlds' (Miller and Glassner 2011:133). This ties in with social



constructionism, which recognises that there is no one true valid interpretation of an event, instead people have their own perception of truth which is informed through culture (Crotty 1998).

### **Participant engagement**

A key factor in life histories is their participatory nature, with participants deciding what they share and how they construct their life history. There are limitations to the extent in which participants can participate in life histories, however, as 'academic rules help to shape life stories to such an extent that narrative texts cannot be seen as other than co-created' (Tierney 2000:544). In addition, whilst birth parents were involved in the creation of life histories, and findings were checked through focus groups, their participation did not go as far as data analysis. Without researcher reflexivity, therefore, there is a risk that the researcher may impose their own meanings on the account of the participant (Smith 2009). Consequently, throughout the process it is essential to state the position of the researcher and participant within the data (Tierney 2000). Researcher positionality is stated above, however, researcher reflexivity, or reflection, was essential throughout the research process including the writing up stage, to ensure that the voices of the participants stay central to the account.

### ***Criticisms of the approach***

There are a number of risks that must be taken into account when using a life history approach focusing on people's experiences. There is a risk of becoming over-involved with participants and only viewing good intentions and not being tentative in approach (Clandinin and Connelly 2000). There may also be a tendency to focus on what are perceived to be more 'exciting' stories, thus excluding some participants or aspects of a participant's story (Goodson and Sikes 2001). There is also a risk of marginal voices being taken over by dominant discourses (Plummer 2001). Therefore, whilst undertaking research it is important to be reflective about my own interpretations as a researcher, in order to take a critical approach to analysis of participant's life histories (Smith 2009). There is also a tension within life history around voice, and the balance between the researcher imposing meanings and allowing the participants' accounts to speak for themselves (Smith 2009). Despite these limitations the life history approach appeared to address the research aim and objectives, in addition to having a compatibility with the social constructionist perspective and consideration of the role of structure and agency.

### **The construction of life history narratives**

Life histories were created with participants using a variety of methods. The predominant method was through the use of in-depth 'life history interviews'. These 'interviews' differed from structured interviews as they were very loosely structured, and took the lead from the participant, to ensure

that the research aims were covered but also to allow the participants to talk about their experiences in their own words. For this reason, it was debated whether to use the term 'interview' or refer instead to 'narrative enquiry' (Clandinin and Connelly 2000), or narrative discussions or accounts, which better reflect the content of some of the sessions. (In some sessions, the researcher contribution was limited predominantly to a selection of 'ums' and 'yeahs' which could not be construed as an 'interview' in the traditional sense). However, a number of life history texts refer to the 'life history interview' (Atkinson 1998, Plummer 2001). This term has therefore been adopted for the narrative discussions that occurred during this research, predominantly to reflect that whilst the term 'interview' may be inadequate to convey the full extent and nature of the collaborative discussions that took place, it also implies a power imbalance and research as part of a transaction and exchange of information. This is significant as whilst the research is collaborative, it is important to recognise and reflect upon the power relations and shifting dynamics during the research process, particularly given the vulnerability of the research participants, and the researcher's status both as a researcher and a social worker.

The use of loosely structured 'life history interviews' also allowed space for additional themes to emerge from the research. Elliot (2005) provides guidance for carrying out life history or narrative discussions including the use of everyday language instead of sociological language, referring to specific times or situations, and avoiding interrupting the participant. Due to the sensitive nature of the topic and the level of detail required to construct a life history, the majority of participants met with the researcher on several occasions, thus demanding significant emotional and time investment from the participant. On several occasions the researcher and participant met on just one occasion, reasons for this are outlined in table 1. The length of life history interviews also differed, with some lasting for two sessions of three hours, whilst other participants only undertook one interview of an hour. Again, this was participant led.

### ***Visualising Adoption***

Within the 'life history interview' sessions, several creative techniques were utilised; the creation of a timeline, and the use of photographs or objects for elicitation. Timelines may be useful in life history methodology as a way to scaffold the history (Clandinin and Connelly 1998). Researchers who have utilised timelines have found that they can enhance participant reflexivity, and identify important turning points and events from the participant's perspective (Bagnoli 2009). They also provided triangulation of data for some participants, creating a visual record alongside the narrative discussion.

In addition, participants were invited to provide photographs or objects that they felt were significant to share within the sessions. An anthropological study into adult adoptees who traced their birth parents found that participants often used visual artefacts as a way to document the adoption and attempt to produce a new history (Carsten 2001). Carsten did not plan to use visual artefacts as part of the research; instead this was led by participants. The use of photographs and objects within research may serve as a memory trigger (Clandenin and Connelly 1998). They may also be of use when discussing sensitive issues as they are a 'neutral third party' and can be a way of breaking tension and avoiding eye contact (Prosser and Burke 2008:410 cited in Butler-Kisber 2010). Within this research a number of participants used photographs naturally as they chose to share photos of their children.

Two birth mothers also shared life story books that they had written for their children. Life story books are created by social workers for children, to provide photos of their lives before adoption in order to help them to develop a sense of identity (Feast 2010). Two birth mothers had created their own versions of life story books to share with their children, and also chose to share these as part of the sessions. Similar to Carsten (2001), this was not planned but was participant led, and was valuable in contributing to those parents' life history narratives. The use of life story books is explored in Chapter 4. Adoption is a sensitive issue, and many participants found talking about the subject emotional and difficult. The use of objects, photographs and life story books helped some participants to articulate their thoughts and experiences. Throughout the research, the researcher was mindful that the methods used were tools and as such were used as an aid to completing a life history rather than an end in themselves.

### ***Creative methods and participation***

However, flexibility within the research was also important, and methods needed to be adapted to suit the participants. Many birth parents had a preference as to how they wished to tell their story. The use of creative methods including photographs and timelines for elicitation was participatory, and parents had different levels of engagement. A number of birth parents (Colin, Melissa, Lucy, Shannon and Claire) wrote timelines during the life history interviews independently. Colin's timeline has not been able to be used within this research, as he chose to take this home before it was able to be photographed. The remaining independently created timelines are outlined in Chapter 4, as another way of illustrating birth parent voices. Whilst there was an element of collaboration within these timelines, as they were created during the life history interviews and so birth parents may have been prompted to write as a result of questions or discussions, these timelines were predominantly the work of the birth parents.

Kelly, Shelley, and Jane collaborated with me in the creation of timelines, and I wrote the timelines. As the timelines were created during wider life history interviews, used as a tool to facilitate further discussion, I did not always write birth parents words verbatim but paraphrased at times. For instance, in Shelley's life history narrative she spoke about her children's care history, her own health issues and complicated relationship and living arrangements. In order to explore these experiences, we created a timeline (which I wrote) which consisted of three parallel timelines, to address each of these areas; health, relationships and what was happening with the children, to make sense of what was happening. This allowed for a greater understanding of the adoption of Shelley's children in the context of her wider life, and opened up discussion. Therefore, whilst these timelines were useful to develop discussion they did not reflect the voice of the birth parents in the same way as those timelines written by birth parents. The remaining participants chose not to create timelines.

There are limitations to the participatory nature of creative methods, and timelines can cause problems for people who struggle with a linear interpretation of time (Bagnoli 2009). This was the case for a number of birth parents, who struggled with their recollection of events at times. However, some parents came up with creative ways of overcoming this, for example Melissa created a spider diagram rather than a linear time line (see Chapter 4).

### **Focus Groups**

Two focus groups were held in October 2017. Focus groups consist of guided discussions around a topic, and collect data from multiple participants (Braun and Clarke 2013). Focus groups may lead to freer, more natural discussion and be supportive and empowering for vulnerable populations (Braun and Clarke 2013, Smith 2009). They were therefore used to explore shared meanings and common experiences amongst marginalised groups (Smith 2009). However, there are also a number of limitations of focus groups, including issues of confidentiality and group dynamics, with members of the group trying to use the focus group to meet their own agenda or going off topic (Braun and Clarke 2013, Smith 2009).

The focus groups were designed with a number of purposes. Firstly, as a way of feeding back the research results to birth parents. This was both to check the preliminary findings and see if parents were in agreement, and also the research was collaborative, to give the opportunity for parents to have the opportunity to find out about the research findings. Finally, it was also a way of triangulating the data by allowing parents who may not feel comfortable taking part in the life history narratives to participate in the research.

The focus groups consisted of members of existing birth parent support groups. One focus group consisted of 3 birth parents and one birth parent support worker. This session was not recorded, but was more of a feedback session to a support group that I had visited previously with the purpose of ascertaining birth parents' views about the findings. The second focus group involved 3 birth parents; this session was recorded after informed consent was ascertained. It is of note that none of the birth parents that undertook life history interviews attended the focus groups, and I did not share any quotes from participants known to the groups within the sessions, in order to preserve the confidentiality of all participants. The purpose was not, therefore, to gain consent from birth parents to use individual quotes within the research, but was more to check findings and my interpretation of findings with birth parents to see if they felt that they were relevant. This was beneficial as a way of confirming the research findings and enhancing the credibility of the findings through checking the results with birth parents who had not participated in the life history interviews.

### **Sample: Participants**

'Life history interviews' with 12 birth mothers and 2 birth fathers took place between January and October 2016. In addition, a further 6 birth parents took part in focus groups in October 2017. Participants were accessed through a variety of agencies, located throughout England and Wales. The majority of participants were accessed through voluntary agencies, including adoption agencies and general family support agencies. Due to the small number of parents accessing these agencies, it was necessary to approach a number of agencies in order to obtain enough participants. In addition, accessing participants through a variety of agencies and locations gave a greater range of participants and experiences. For example, a number of agencies only worked with birth mothers, so without accessing a range of agencies there would have been no input from birth fathers. A total of ten voluntary agencies were approached. Participants were accessed through four of those agencies, and in two of those agencies within different projects within the same agency. Two other agencies responded to the request for research, stating that although they offered services to birth parents these services were not taken up, so they were unable to help. A further four agencies did not respond.

In addition to approaching voluntary agencies, a total of eleven Local Authorities were approached about participating in the research. Local Authorities were identified either due to their location, or due to the information about birth parents that was available on their websites. One Local Authority was unable to take part in the research due to other research commitments. Three Local Authorities expressed an initial interest in taking part, however these did not progress despite being followed up

on a number of occasions. One other Local Authority was interested in contributing to the research, but did not have any contact with birth parents as they contracted out the services for birth parents to an independent adoption agency. However, they facilitated the research in their location through making contact with the adoption agency and asking them to identify potential participants. A further seven local authorities were approached but did not respond to a request for research. This difficulty in accessing participants through local authorities is not unusual, as research may be viewed as detracting from the social work role of protecting vulnerable children (Munro, Holmes and Ward 2005).

One participant was accessed via snowballing so was not accessed via a gatekeeper. Additional time was spent with this participant prior to the research taking place, talking about the research and ensuring the participant was aware of her right to withdraw. Time was also spent sharing an information support sheet and highlighting where she could access additional support if this was required.

Participants were accessed through a variety of ways within each agency. In several agencies, a birth parent support group was attended by the researcher in order to offer prospective participants the space to find out about the research and have chance to participate. Within the other agencies, participants were approached by gatekeepers who obtained permission for them to be contacted. Gatekeepers also had a significant impact on the practicalities of the research. In some cases, participants were met in their own homes, and in other cases they were met in hired rooms within community centres or libraries. In other cases, agencies wanted the research to take place within their offices to offer support to participants should they require it. In two instances, gatekeepers sat in during the research, in one occasion at the request of the participant and in the other because of continued social services' involvement with the family.

Research suggests that many families do not take up post-adoption support even when this is linked to a voluntary post-adoption agency as they are seen as linked to the local authority (Cossar and Neil 2010). In addition, previous research undertaken with birth parents suggests that it may be difficult to recruit a range of birth parents due to workers 'cherry picking' the sample or birth parents not engaging with the Local Authority (Neil 2006). This was in part to protect vulnerable birth parents who may be emotionally affected by taking part in research. These issues were apparent within the research, in terms of a lack of parents accessing support services, and workers being very protective of the parents and in some cases failing to offer parents the choice and respect their own agency. Timescales also differed, with some agencies responding immediately whilst other agencies took up to seven months from initial contact to participating in the research.

Regarding sample selection, all participants who wished to participate were able to take part. The research is interested in birth parents experiences as the review of literature has highlighted how birth parents voices have been marginalised within adoption. Therefore, it felt unethical to turn participants away. As the research progressed, the criteria for taking part evolved to include birth parents who had children adopted prior to 2006. This was due to feedback at a birth parent support group, where several parents expressed a desire to take part and disappointment that their voices were being excluded. As the nature of the research is collaborative, the researcher took these comments on board and agreed to speak to these participants. This allowed for comparison of experiences across different time periods and legislation, in addition to different experiences, anywhere along the continuum of fully consenting to adoption to strongly contesting, and no contact to direct contact. Also, with some parents it was not clear at what dates and under what legislation their children were adopted, and for some parents with children of different ages, older siblings were adopted under different legislation to younger children. Due to the sensitive nature of the study, and the significant investment of time and emotions on behalf of the participants, difficulties in accessing participants were anticipated, and it was expected that some participants may wish to withdraw. Several participants withdrew prior to the first meeting, and one participant became distressed and the research was terminated. However, in total 14 participants took part in the research. This number allowed for data analysis of all participants involved in the research within the timeframe of the PhD.

The following table outlines the total number of parents who participated in the research:

Participant	Sessions Completed	Gender	Ethnicity	Other information
Lucy	2	F	White British	Described herself as having a learning difficulty and also a health issue
Jane	1 (due to personal circumstances of participant)	F	White British	Described herself as unable to read and write, suffers from depression
Colin	2	M	White British	Described mental health problems

Katie	2	F	White British	Described mental health problems
Sally	2	F	White British	Described a physical disability
Mary	1	F	White British	Described mental health problems
Melissa	2	F	British Asian	
Diane	1 (due to distress of participant, researcher decided not to undertake second meeting)	F	White British	Described mental health problems
Shelley	2	F	White British	Described a serious physical health issue.
Anthony and Claire	2	M	White British	Interviewed together
Maggie	2	F	White British	
Nina	1 (participant did not want to meet on second occasion)	F	White British	
Shannon	2	F	White British	

**Table 1** Source: Author

As illustrated, the majority of participants were birth mothers. This was anticipated at the start of the research due to literature suggesting that birth fathers were less likely to access post-adoption support services (Neil et. al. 2010). However, whilst contacting gatekeepers it is also significant to note that a number of the agencies only worked with birth mothers, therefore there was a smaller pool of birth fathers from which to access participants. The majority of participants were White British, with one British Asian participant. A number of participants reported learning difficulties or mental health difficulties, and several reported physical disabilities such as hearing problems.



In addition, a number of birth parent support groups were approached about participating in a focus group. The focus groups were designed with a number of purposes. Firstly, as a way of feeding back the research results to birth parents. This was both to check the preliminary findings and see if parents were in agreement, and also as this research is collaborative to give the opportunity for parents to have the opportunity to find out about the research findings. Finally, it was also a way of triangulating the data by allowing parents who may not feel comfortable taking part in the life history narratives to participate. Focus groups took place in October 2017.

### **Transcription**

All interviews were recorded and transcribed. Transcription involves a number of decisions for example how much to clean up the data (Elliot 2005), and is linked to data analysis. As this research is based on narrative information, and an understanding of how people make sense of their experiences, very detailed transcription was required (Riessman and Quinney 2005). This research has used a transcription method known as 'Orthographic Transcription', which transcribes what was said thoroughly (Braun and Clarke 2013). However, it is important to recognise that, however detailed, transcriptions are only partial representations of data; therefore it was important to revisit the original recordings throughout the analytic process (Mishler 1986). Researcher questions and comments were included within the interview transcripts in order to illustrate the collaborative nature of life history research and emphasise how personal narrative can be social (Riessman 2008).

### **Data analysis**

Data analysis is essential in order to move beyond the individual life histories to construct a more general picture by creating tentative theories which may be transferable to other experiences (Plummer 2001, Riessman 2008). The use of theory gives an individual life history wider concerns (Plummer 2001). Narrative approaches including life history are interested in an extended account or chronological sequence of the narrative, and this therefore needed to be reflected within the data analysis (Riessman and Quinney 2005). There are a number of data analysis methods for analysing narrative approaches. Some data analysis methods allow for analysis across cases, allowing for comparison between cases in order to identify themes. More narrative based methods of data analysis, on the other hand, provide individual case analysis. These methods can be useful in providing a synopsis, or case study, of each life history in addition to attention to sequence and language. Riessman and Quinney (2005) suggest that narrative data analysis needs to explore both cross case comparison and individual case analysis. This research used Thematic Analysis, as this method can be used both within a single case, and across cases (Braun and Clarke 2013, Riessman 2008). It differs from other forms of narrative analysis as it focuses on the content of the life history

interviews, rather than language and form (Riessman 2008). This allowed for an exploration of individual experiences of birth parents within context, and for comparison across cases to explore both similarities and contradictions. Thematic Analysis identifies themes and meanings from the data, and is flexible as it does not provide a theoretical framework so can be used with a range of theoretical perspectives (Braun and Clarke 2013). The aim of the analysis is to 'cultivate a sense of creative, even playful, engagement' with the data in order for ideas and themes to emerge (Rapley 2011:279).

It is also important to acknowledge the limitations of thematic analysis. Guest, McQueen, and Namey (2012) suggest that the reliability of thematic analysis may be compromised due to the interpretation of the researcher. In addition, it has limited interpretation power and lacks guidance for higher level analysis (Braun and Clarke 2013). However, as noted above, within this study thematic analysis has been applied within a wider theoretical framework which would allow for this higher level analysis to occur.

The initial stages of data analysis were carried out by hand and commenced with immersion in the data through transcribing the 'life history interviews' and carefully rereading the transcripts, as described by Braun and Clarke in their description of thematic analysis (Braun and Clarke 2013). Once all interviews were transcribed, I listened to each again to check for accuracy. I then read a paper copy of each interview. Throughout this time, I was making notes in my research journal and beginning to see how themes might develop. For example, whilst transcribing I wrote in my journal: "Transcript 9: admitted to hospital after involved in adoption, given no choice, "if you don't come we'll section you", and raped / domestic violence – where is her agency / autonomy?" The themes on birth parent's views of consent were not clear at this time, however the impact of the participant's wider life experiences on her ability to demonstrate her agency and 'consent' within adoption was already starting to become apparent. I was also starting to identify commonalities and contradictions between transcripts, for example listening to transcript 13 talking about contact I wrote "'doing things I should be doing" recurring, although some parents say that they could not due to mental health / affording to'. At this stage the brief notes were just my initial observations and 'feel' for the data. Retaining intact paper copies of the transcript therefore enabled individual case analysis and allowed for an understanding of how birth parents are able to make sense of their experiences (Bryman 2016).

The next stage of the analysis involved coding the data. Due to the large amounts of thick description generated from the life history interviews, computer-assisted qualitative data analysis software (CAQDAS) was used at this stage of coding and organising the data. The programme used

was Nvivo 11. The use of CAQDAS software is not intended to replace data analysis by the researcher, but is able to assist with practical tasks including organising and sorting the data (Braun and Clarke 2013, Bryman 2016). After I had transcribed, listened to and read each transcript in full, the transcripts were uploaded to Nvivo, and coded line by line. Code names were derived from the data, so had names taken from the data such as 'had no choice', 'goalposts changed', 'refused at every turn', 'did not know how to parent'. As coding progressed, I started to organise these codes into broader categories, for example I had a broader heading called 'feelings', and it included codes such as 'guilt', 'did not listen', 'curled up and died', 'praying child gets home', 'my flesh and blood' and 'fine'. At this stage the headings were used purely to organise the large amount of data rather than develop themes.

After coding was complete, I had a long list of codes in Nvivo under broad headings including 'contact', 'court', 'consent', 'professionals', and 'feelings', with some division into sub headings for example contact before adoption, final contact and post adoption. However, the use of CAQDAS software may lead to a distancing and fragmentation of the data, which is counterproductive when analysing life histories (Braun and Clarke 2013, Bryman 2016). In order to make sense of how to develop these codes into themes, I therefore went back to paper and spent time writing spider diagrams in different combinations in order to develop broader themes. For example, under what became the theme 'persuaded' into adoption I included the following codes: did not consent or oppose, coerced, did not know rights, believed child could return, asked to sign papers, had no choice, lost when in court, solicitor advised parent to consent, chose foster care over kinship care, Section 20, trauma of court, and agreed as knew child would be adopted. Whilst the majority of these codes were listed under the broader heading of 'consent', some had been listed under 'court' so it was necessary to go through the entire list of codes to develop each theme. This was particularly true of themes around support and advice to parents, as they were split into different categories including parental adversity, which referred to parents personal support networks, court, which referred to support during the court process, and social work involvement which referred to support both prior to entry to care and also at post adoption. The process of using spider diagrams to develop themes was also useful in highlighting negative case analysis to enhance the credibility of the findings (Padgett 2008); for example whilst lack of support within their personal networks was a key theme for parents, several birth parents did receive support from partners, church groups and friends and neighbours and the process of drawing out the spider diagrams helped to illustrate this. This negative case analysis is not a negative, as within the life history approach contradictions and ambiguities are viewed as part of experience (Tierney 2000, Plummer 2001). This process was messy and continued to evolve throughout writing the findings chapters. However, once I was satisfied

with the themes developed, I then moved the codes around using Nvivo in order to access all data in a given theme. So under consent I created subheadings 'entry to care' and 'adoption', and each of these subheadings contained subheadings which outlined subthemes so 'adoption' included 'consented', 'persuaded' and 'forced'. Individual codes were placed into each category. These broader themes were developed both from the data and also the conceptual framework outlined above and in the previous chapter. For instance, the key theme of 'parenting under adversity' was organised using the three main headings of the assessment framework: parenting capacity, family and environmental factors, and child's developmental needs (DoH 2000). The assessment framework was discussed in Chapter 2 and is a recommended tool used within social work practice.

Only one focus group was recorded, as the groups were used as a feedback and a method of checking data. Notes were taken at the groups and similarities to findings were discussed, but they were not analysed in the same way as the life history interviews as the results were not designed to be included within the main findings.

### **Timing of Data Collection and Analysis**

Part 2 of this chapter has described how the research was carried out, including the methods and data analysis. This section outlines the order and timing in which the research was carried out in order to provide more precision and add to the transparency and rigour of the data. As stated earlier, the life history interviews were carried out between January and October 2016. There was a gap between the first participant and further participants of several months, due to gatekeeping agencies, and the majority of participants were interviewed between June and August 2017. Any additional tools including timelines and the use of photographs and life story books for elicitation were included as part of the life history interview sessions.

All interviews were recorded. I started to transcribe the interviews upon completion of the first interview. However, between June and August 2017 there were a lot of interviews in a short space of time so it was not possible to transcribe immediately after each interview. Transcribing finished in December 2016. My priority at this point was to become familiar with the data, and gain a sense of each participant's life history as a whole. I became very immersed in the data, noticing small details. At this point I had not identified key themes, but used my research journal to jot down what I felt were important points. Because I had interviewed some participants more than once, I had written up reflective notes for myself which I completed during or immediately after life history interviews, in order to retain key information to follow up during subsequent interviews. I was able to refer to these during transcribing to remind myself of some of the details. This was important as some life histories were extremely complex and birth parent narratives were not always coherent.

After all the life histories were transcribed, I listened to the recordings again to check the transcripts for accuracy and gain a sense of each participant's life history. This took place in January 2017. I then read the transcripts as a whole. Where birth parents had completed timelines, I looked at them at this stage alongside the transcripts. I did not undertake separate coding for the timelines, as the creation of the timelines was discussed within the life history interviews and were coded as part of this process. That is because it was the production of the timelines, rather than the timelines themselves, which produced the data (Bagnoli 2009). Throughout this process, I made notes in my research journal and started to make some notes in the margins of the transcripts. This was tentative beginnings of coding. At this stage I was starting to get ideas about tentative themes for parenting under adversity and parenting under scrutiny, but was unclear on set themes for consent due to the complexity of birth parents' views and the contradictions within their narratives. Between February and March 2017 I started coding the data using Nvivo. Once initial codes were completed I switched between paper and Nvivo, using spider diagrams and moving groups of codes around on screen to develop tentative themes. I started to write my data analysis chapters in April 2017, and completed drafts of these by September 2017.

The focus groups took place in October 2017, after data analysis had been carried out for the life history interviews. At the focus groups, the key findings were shared with participants and a number of anonymised quotes were read out. Birth parents at these groups were asked whether they agreed with the findings, as a way of checking the data. The groups were different to the sample group of interview participants, as some birth parents had children adopted before the implementation of the Adoption and Children Act (2002), and some parents had relinquished a child for adoption. This was because the focus groups were accessed via existing birth parent support groups. Nonetheless, the birth parents at these groups agreed with the key findings I had made and drew parallels between the findings discussed and their own experiences of adoption.

The discussion and conclusions were written after the focus groups had taken place. The majority of my data analysis was complete at this stage, however it continued to be revised and refined until completion of the thesis, as the act of writing itself formed part of my data analysis by adding clarity to my thinking and finalising my analysis (Braun and Clarke 2013).

### **The emotional aspect of the research**

One key factor within the research was the emotional toll of the life history interviews on me as a researcher. Whilst I was expecting the interviews to be challenging, I was unprepared for the extent of this emotional impact that they had. I feel that this is partly due to my understanding of the transition of the role of researcher, as whilst I had heard birth parents stories and experiences

before, this was in the context of assessing and planning for the child, and was more task-orientated. At times it was difficult to listen and not offer advice or support. Letherby (2003) stresses that research is not counselling, and that a desire to help participants reflects our own needs. However, whilst I recognise this to be true to an extent I also feel that it reflects the differences between research and social work roles and learning about my new role as a researcher. There was also a balance in this respect with participants who were aware of my social work status. Therefore at times I was asked for specific advice and would give this.

In some respects, however, I found the transcribing process more challenging than undertaking the life history interviews. I found that often I would pick things up when listening to recordings that I had missed during the interviews themselves. I feel that this was due to the length of the interviews and sometimes confused accounts given by birth parents. The transcription process therefore took longer than anticipated, partly due to the need to have regular breaks.

The emotional nature of the research also raises ethical issues for the participants. Letherby (2003) suggests that participants who discuss taboo subjects may sometimes share more than they feel comfortable with. Whilst efforts were made to return transcripts, it was not possible to return all of them and also it was not clear whether participants read their transcripts once they were returned as some birth parents had difficulties with literacy. Another consideration is the writing up of the research and balancing the findings with the protection of the participants. A lot of sensitive and very personal information has been shared with the researcher, and therefore a balance is needed between sharing significant information but without exploiting or sensationalising the experiences of birth parents (Plummer 2001).

Much has been written about power inequalities in research and this was considered earlier in the chapter. Whilst participants may feel that the research is therapeutic, it is not able to change their material circumstances (Letherby 2003). However, Fine, Weis, Wessen and Wong (2000) suggest that participants may recognise and exploit power inequalities, recognising the power available to the researcher and choosing to share their narrative as a way of getting their account published. They suggest that researchers should recognise the limitations that this may have as an act of resistance, but like Humphries (2008), they acknowledge that the agency of participants should be recognised. A number of participants were involved in activism and chose to take part in the research as a way of getting their voices heard, this is considered further in Chapter 6.

## **Conclusion**

This chapter has illustrated how the methodological approach to the research and subsequent methods were identified and implemented. The methodology was informed by the researcher's own positionality, and a theoretical perspective drawing on social constructionism, with an application of Bourdieu's concept of habitus and critical feminist theories. The research therefore starts from a position that society is not equal, and recognises that an individual's experience of the world is socially constructed. Social construction was therefore identified as it acknowledges that birth parents may have different perceptions of the experience of adoption, which have been shaped by their own experience of the world.

The life history method was then identified as the most appropriate method to answer the research question, whilst keeping birth parents voices central to the process. Life histories allow for an examination of the relationship between structure and agency, by placing the life in context (Goodson and Sykes 2001). The collaborative nature and focus on birth parents' voices were key factors in the identification of the life history approach, as birth parent voices are central to the research. Similar to social constructionism, they also allow for different perceptions, and an exploration of structure and agency. Finally, the chapter addressed how the life histories were constructed, how participants were selected, and how the research was analysed through thematic analysis.

The following chapters will outline the key findings from the data. Chapter 4 uses the timelines and transcripts of photograph elicitation to highlight the unique experiences of individual participants. The two following chapters, Chapters 5 and 6, highlight key themes identified from the data including parenting under scrutiny and consent.

## Chapter 4: A life history approach

*"It all started from my childhood with mine... because I never had, I never got, I never got a childhood..."*

*(Mary)*

The previous chapter identified the life history method as appropriate for addressing the research question in a way which kept birth parents voices central to the process. A collection of life histories may be used to illustrate both commonalities and differences of experiences (Letherby 2003).

Chapters 5 and 6 use a thematic approach to explore both commonalities and differences within birth parents' experiences of adoption. However, whilst a thematic approach is beneficial in highlighting birth parents experiences about these issues, it does not give an overall impression of a life history. This chapter aims to address this by exploring the life histories of several participants, through the timelines that they produced. This chapter also explores birth parents perceptions of adoption through examining the transcripts of Melissa and Shelley, who both shared life histories of their children in the form of photographs and life story books that they had made themselves. This chapter therefore addresses the research objectives around birth parents' experiences of adoption from care, and the exploration of events and life circumstances leading up to the adoption, both within the context of birth parents' lives and within a wider social context.

### ***Inclusion of life histories***

A key consideration of the research was keeping birth parent voices central to the research. The life history approach contains a tension between the accounts of participants, and researcher imposed meanings (Smith 2009). This chapter focuses on participant voices through an exploration of the timelines and life story books created by Lucy, Melissa, Shannon, Claire and Shelley. These participants have been included in this chapter because they are the participants that created timelines independently, or shared photo albums and life story books that they had made for their children. They therefore reflect the birth parent's own voices. As mentioned in Chapter 3, Katie, Shelley and Mary also created timelines collaboratively with me. However, these timelines reflect a shared dialogue between participant and researcher rather than a focus on birth parent voice. Whilst they were useful tools to facilitate discussion in the life history interviews, they have not been shared within this chapter as I wanted to focus on what birth parent's themselves viewed as important within their life histories.

These five, while not representative, illustrate that each parent has a unique, individual experience of adoption. Nevertheless, there are a number of similarities and common themes within the life



histories as well as diverse experiences. They also illustrate the complex circumstances birth parents were faced with both before, during and after the adoption.

## **Timelines:**

### **Shannon**

I met with Shannon on two occasions, and she completed a timeline during the first session.

Shannon chose to start her timeline with her own entry to foster care at the age of 9. She had her daughter at the age of 18, and described how she had postnatal depression which she attributed to her being in care:

*"I was at my [foster] mums, um, right, and then I got my own house, and then when I had her, 'cos I was suffering with postnatal depression, um, the health visitor told me to stay at my mums, and because it was quite bad because, I dunno if it's like all mums or whatever, but because of me being in care, um, well I was, basically my mum not looking after me properly, um, had this thing in my head where, oh no I can't do it, I can't do it, I'm gonna be like my mum. Um, but I dunno that's just the depression or what now, was making me feel like that."*

Shannon did not speak about the reasons why she was in foster care as a child, but felt that this impacted on her own ability to care for her daughter. She was also mindful of the age she was when she gave birth to her daughter, writing her age (18) onto the timeline. Her age appeared to have an impact for Shannon; she described herself as "quite naïve" and "a bit stupid" which led to losing her house, and listening to inappropriate advice from other people about how to care for her baby, such as giving her hot chocolate in order to help her gain weight. Shannon's daughter remained with her until she was 7 months old, and then she went into foster care under The Children Act (1989 s.20) after the health visitor raised concerns about her daughter's development. Shannon thought that this time in foster care was temporary, "at that time I thought it would be 6 weeks, ok, I can sort myself out", and that once she had made changes she would "get her back". However, she received a letter informing her that the local authority was issuing care proceedings, and an interim care order was subsequently granted. Her daughter was reunited with her for a while as she undertook a psychological and residential assessment, and then removed again when she 'failed' that assessment, and it was after this that she found out the plan for adoption:

*"Well they made me do, they made me do a psychological assessment, and they made me do a residential assessment, and it was the end of the residential assessment basically, they took her off me again, and then said that the, the, um, their plan was changing so it was going from like dual tracking just to adoption, and that's when they took it to court."*

In terms of the timeline, the information was limited to the removal, final court date and final contact when her daughter was adopted in 2006. In her narrative, however, other dates and events were also significant. Shannon spoke about the Christmas when she had her daughter: "it was the

first, it was the only Christmas I've ever had with her, and really it was her second Christmas."

Failing the assessment was also a painful experience as her daughter was removed from her care for a second time:

*"Well they took her back into care from there, and um, yeah, it was just like ok, so we're losing her again for a second time, but then I knew that we still had court anyway, I knew that weren't gonna happen straight away."*

In Shannon's narrative, the sense of loss and trauma surrounding her daughter's adoption is apparent, not only from what she said but what was left unsaid and the style of her narrative. The narrative around her daughter is very stilted, with a lot of short sentences, pauses, and prompting questions from me. There were also inconsistencies and gaps in her memory, including confusion around the time of the final hearing, final contact, meeting the adoptive parent and her daughter being placed with the adopted parent; "I don't actually know when it actually went through, 'cos I know it was after that, but it was before that, was it before that, or was it after? I can't remember now if it was before or after that, that I actually met, um, the adoptive mum." These inconsistencies and gaps highlight the trauma that Shannon was experiencing, particularly when contrasted with how she spoke about her son who remained in her care.

Shannon's timeline has a gap between the adoption of her daughter in 2006 and the birth of her son in 2014, who remains in her care. Her narrative around her son started with her first visit to the midwife, where she had to explain about her daughter's removal and adoption. At this point, the style of narrative changes with her sentences becoming longer and less stilted. Throughout her pregnancy, Shannon stated that "all I wanted to know actually was if I was keeping the baby, so I, and I kept asking them." The thought of losing this child to adoption was clearly distressing to Shannon:

*"Well I was thinking like, well like when I first found out I was pregnant I was like, 'cos of the situation I had, I was I was kind of considering a termination, because I didn't know whether I'd be in that same situation or not, and then I was just like, well it's been 10 years surely they've gotta give me a chance, um, and then, when I kept asking them I wasn't getting any answers, yeah I found out why I wasn't getting any answers as well, um, it was because I found out after, I don't think the social worker told me 'cos she probably didn't wanna stress me 'cos of me being pregnant, um, I found out it was 'cos one of her managers actually wanted to go straight for adoption, but then the other manager was kind of willing to give me a chance, um, so the social worker had had to like fight to give me a chance, to even have a chance."*

The threat of removal hung over Shannon during the mother and baby foster placement she moved to after the birth of her son and continued until social services closed the case:

*“cos that’s the thing, ‘cos we never actually went to court with [my son], um, I think, I think he probably was dual tracking um, because obviously I knew that, well if I messed up they’re gonna kind of take him, so I suppose it was dual tracking, it just wasn’t said (laughs).”*

Shannon’s timeline misses out a lot of these issues. However, it does reference the mother and baby foster placement, her move to her own flat, her son’s status changing from Public Law Outline and Child Protection to a child in need, and social services closing the case. Again, special occasions continued to be significant and she notes that she was induced with her son on her daughter’s birthday. Shannon’s narrative around her son ended with a discussion around a referral to Children’s Services after the case was closed, and how anxious this made her feel. This placed her in a difficult situation with her wider family but she chose to follow social services’ suggestion as “I wasn’t risking [my son], no.”

Shannon’s narrative is unusual as she is the only birth mother who does not discuss the birth fathers, other than stating that she was not in a relationship with either of them. She is the only birth mother who did not disclose some level of domestic violence from a birth father or another partner. Her narrative highlights how both what was said, and also what was unsaid, was significant within her life history. Shannon herself left large parts of her life and story unsaid, and her lack of discussion about her daughter in places highlighted the trauma and acute distress she still appears to be experiencing. In addition, Shannon highlights the factors that she perceived were left unsaid between herself and social services, with the threat of her son being removed an unspoken acknowledgement on both sides. At times, Shannon would also “block out” and not to contribute in meetings, this is explored within Chapter 6 as a way of demonstrating resistance.

### **Claire and Anthony**

I met with Claire and Anthony on two occasions; their support worker was also present during this time. Claire completed a timeline, whilst they both spoke about their situation and experiences. The timeline presents as a list of their six children, their ages, and where they are currently living. The boy’s names are written in black and their daughter’s name is in pink. Their situation is complex. Claire’s eldest son, from a previous relationship, entered care when he was four and is currently in residential care. Their next son is living at home and remained there throughout all proceedings with their other children. Their nine year old was adopted when he was six years old. Then their next son is in long-term foster care and their youngest son, who is six, is on a special guardianship order with relatives. Their seven month old daughter is living at home under a supervision order. The son in long-term foster care was originally going to be adopted and a placement order was granted at the same time that it was granted for his brother. However, an adoptive placement was not found for him for two years. When a placement was identified, Claire and Anthony contested

the adoption in court and were successful, because he had continued to have contact with his birth family during this time and therefore adoption was not seen as a suitable option by the court.

As in Shannon's narrative, there were a number of inconsistencies. However, in Claire and Anthony's case this was due to them each having a different understanding and perception of events. Here, they are discussing the removal of Claire's eldest son:

*"Claire: ok then he was at home at first, like he lived with me right up till he was nearly 4 years old. Um, I met my husband, fell pregnant pretty quickly with [his brother], everything was going fine up until [his brother] was born and [my son] got taken away when [his brother] was 2 months old, um, and that came about because we was in the hospital because [his brother], er, had a little choking episode, but we learned that his thorax wasn't developed properly,*

*Researcher: Right*

*Claire: Which is why he wasn't gaining as much weight, and everything else. So that got sorted, um, but an accusation was made that I threw [my son] across the hospital, um, room and he bashed his head, but nothing was done that day it was done 3 days later and it was like ok well if I threw him across the room why wasn't the police called there and then? Why wasn't social services called there and then? So that I can defend myself, do you know, but none of this ever came up, it was just an accusation and according to them there was CCTV footage...*

*Anthony: That wasn't the reason, that wasn't the reason why [he] was taken away*

*Claire: No, the reason why he was taken away though was because they didn't think that I'd be able to cope with 2 children, and with his needs, but we didn't know about his needs at the time*

*Anthony: The reason, it wasn't, that wasn't the reason why, it was*

*Claire: There's been so many, Anthony*

*Anthony: The reason why he was staying was your sister, he was staying at your sister's, was the fact I couldn't have him, because I wasn't allowed, I was meant to be staying at the hostel, that's why he went to the foster carer then his sister.*

*Claire: So it was my dad or my sister."*

In this extract, three different reasons are given for the removal of Claire's eldest son and it is not clear in the end which reason it is, or whether it is a combination of factors. This illustrates some of the complexity present within their lives, and the ongoing sense of confusion that remains as a result. In addition to differing perceptions, Claire and Anthony also had differing views regarding the adoption of their son with Claire contesting the adoption and Anthony choosing to consent. This is explored further in Chapter 6.

Anthony and Claire's third son was adopted after his two younger brothers were born and were taken first to live with a family member and then into care. Initially the youngest son was taken into care, then the adopted son and his sibling were also taken into care a few months later. The second

eldest sibling remained at home (the eldest was already in care at this time). The reason given was failure to thrive, and neglect. Throughout the narrative, both Claire and Anthony spoke about their adopted son a lot less than they spoke about their other children living with them or in foster care, with whom they had some level of contact. Again, this may be due to trauma about the loss of their son. Whilst discussing letterbox contact, Anthony states that “it’s hard to write letters to him, it’s even hard talking about it, I don’t really talk about it, the only one who really talks about him is [his brother], he talks about him a lot.” In this quote, Anthony suggests that not only is their adopted son absent from the present narrative but he is absent within their wider life as well, because thinking and talking about him is too painful. This absence appears to be a deliberate coping strategy:

*“Anthony: my hopes and wishes in the future is to get to see him and for him to come home. I wanna get, I want to see him ‘cos I miss him a lot, I really do miss him, but he is where he is and we can’t get to see him, just, life still goes on, you see it, it still goes on and you can’t just stop your life because you’ve lost one child, you’ve still got other children around you*

*Researcher: mm*

*Anthony: so we, we just carry on, it’s hard, but we just carry on.”*

Anthony implies that if he allowed himself to think about his adopted son too much it would impact on his ability to look after his other children. In this instance, similar to Shannon, the grief and pain caused by the adoption is notable by the absence of their adopted son from the narrative.

## **Lucy**

Lucy’s timeline was very different to Claire’s and Shannon’s, as it contained a lot more detail. It is not possible to replicate the timeline without sharing confidential information, but I have quoted directly from the timeline (spellings have been corrected but grammar and punctuation have been retained). Like Shannon, Lucy began her timeline in her childhood and carried on up until the present day. However, whilst Shannon’s was limited to key dates, Lucy put every event that we spoke about into the timeline and it was created over the course of the two interview sessions. The timeline was written in narrative, as a list, and filled ten sides of flip chart paper.

Lucy had no history of care or social services involvement as a child. However, she described a couple of incidents, including a serious illness and being raped at the age of 16, which she felt contributed to her later circumstances. Lucy had her first child at the age of 17 or 18 and had her second child at 19. Her partner became violent at this point and his drinking became excessive. She first became involved with social services due to the domestic violence. She then had an abortion, before having another child aged 21. At this point she has added in that the children were on a child protection plan (however this was added to the timeline later). Next, Lucy wrote that she “started

use drug to suppress issues at home”, moving out for a short period before returning. At the age of 22 she separated from her partner. She met a new partner and fell pregnant with her fourth child at 23. This partner was involved in crime and was deported before her fourth child was born when Lucy was 24. She was also caring for her younger sisters. She wrote at this point “All through this social services was in and out!!” She then went through a period she described as “life starting to get some control back” and she started to work with a voluntary agency to help with her financial and housing situations. She then met her third partner and had her fifth child. Her third partner was also involved in crime and went to prison. The relationship resumed and became violent and she had her sixth child. Her partner had moved out, but Lucy was struggling to care for the children due to her own health needs and the pregnancy of her seventh child. She writes: “[My partner] not been living with me moved back in to help with kids and my illness (with s.s. approval)”. Within her narrative, she described how this further complicated her situation:

*“I got, got pregnant so, um, I’m pregnant with [my daughter], um, and my [illness] was playing up quite bad, and I said I needed support, and their answer was we’ve got no funding. I said well my only other choice is [my partner], and so they let [my partner] move back in, (laughs) which makes no sense in the grand scheme of things, ‘cos I’ve just had not long ago sent him to jail for domestic violence. Um, but that was the way it was seen, the kids needed to go to school, I couldn’t get ‘em to school, my [illness was] bad and, um, (pause) that was the way it went.”*

These complications were increased as Lucy became pregnant with her eighth child within a few months of giving birth to her seventh child. At this point, a line is drawn on the timeline along with the date and her age (32). The writing on the timeline changes and becomes more specific, and Lucy builds up her narrative surrounding a time period of a few weeks which in her view led to her children being taken into the care of the Local Authority. Like previous participants, dates and special occasions were important, with Lucy highlighting an incident on firework night that contributed to the events leading up to her children’s removal. The narrative becomes very detailed, and on the day of removal a whole side of flip chart paper is used up writing about how this occurred. This is replicated below:

*“On Saturday 13/14<sup>th</sup> Nov came back for step sis party*

*While away (other sister) put her dog in my house while she went away for evening. (which it created mess.)*

*So I came back put kids in sitting room popped up 8 doors to drop party food in police turned up to remove children from my care!*

*I became hysterical (scene broke out.)*

*Family tried to help told to go away (house sealed off)*

*I was arrested for neglect. (8 counts)*

*(police busted my fridge door broke my fridge door move a lot of stuff in house before I had come back)*

*(I arrested 7.20) (kids went at about 7)*

*Emergency protection order so 72 hours before I was allowed to know what was happening to them.*

*(Released on bail about 1.30 in morn) spoke to ex told him to hand his self in (which he did.)*

*(was on bail 6 months) before charged*

*Diagnosed with PTSD"*

In addition to the timeline, Lucy's narrative around this day was very extended and detailed, slowly building up a story from a few weeks before their removal (starting with separating from her partner and the bonfire night incident) which led to an explanation for the state of the house (repeated police raids, and extra caring responsibilities) and her shock at the children's removal. Lucy then detailed how the different siblings were placed and her contact arrangements through the use of diagrams, before talking and writing about the court outcomes. Throughout this time, she speaks about fighting for the children to be returned to her care, and the stress of the court case: "I fought, I fought very, very hard, and I believed (pause) probably right up until the last four months, that I could get 'em back." This belief was increased as the two eldest children returned to her care part way through the proceedings. After the final hearing, the three youngest children were adopted. The older two remained with Lucy, and the other children were in a mix of foster placements and kinship care. However, during the process of the care proceedings, Lucy became pregnant with her ninth child. She then went through another set of care proceedings for her son, whilst having final contacts with her three children that were adopted. This son remained in her care under a Supervision Order.

Lucy questioned the timing of her children's removal:

*"You know, I look back at some of the police records and I think to myself drugs were found in the house, a gun was found in the house, it's in all these social services reports. At what point did you decide it was ok for my children to stay there? Because they did, (laughs) and yet years later when my, the last partner was being an arse, and in and out of prison and stuff like that."*

Lucy repeated similar thoughts later in her narrative, "there were loads of other times when they should've come in and they didn't, so why this time? It doesn't make sense." Lucy had an ongoing cycle of involvement with children's services, with her children alternating between being classified under 'child protection' or 'child in need'. She reflects that she had been in more difficult

circumstances prior to her children being removed, and they had remained at home. She also questioned the reasons for the removal occurring outside office hours, stating “why have you done it on a weekend, knowing that there’d be nowhere for me to go to get any help or any advice”. Lucy also placed her own situation within a wider social context. At one point she referred to one of her partners going to prison for domestic violence stating that “it was at a time where I think people were realising how bad domestic violence was”. This suggests that she feels that intervention took place not only due to her personal circumstances, but wider social situations also had an impact on her case. Therefore, context, in terms of timing and the impact of wider social factors, was significant within Lucy’s experiences of adoption.

Like Claire, Lucy’s timeline illustrates the complexity of her situation and the multiple factors involved in the adoption. Her narrative, and timeline, were very lengthy; however, like other parents, discussion of her adopted children was much more limited than the narrative leading up to this point and about her other children.

### **Melissa**

Melissa’s timeline was completed in the form of a spider diagram of her thoughts about her experiences rather than as a timeline (see figure 5). Melissa had a history of sexual abuse, and was in care as a child. Melissa, unlike Claire, Shannon and Lucy, was in her thirties when she met her partner, became pregnant soon into the relationship and had her first child. There was domestic violence in the relationship and her son was removed when Melissa left the refuge she was in and resumed the relationship with her partner. Care proceedings were issued and a placement order was granted for her son. This was a key point for Melissa as up until this point she had not realised that the adoption would go through, as she believed that she was a ‘good mother’:

*“Melissa: I honestly didn't think that they would take the child off me, 'cos I know I'm a good mum. To, to be honest I, I really didn't think they would, they actually would, I think I should've listened more, um (pause)*

*Researcher: so were they were they telling you that they would take him off you, or what, you said you should've listened more, so*

*Melissa: yeah I should've listened more, and I didn't really think they would take him, because I knew I hadn't hurt him or done anything like other parents, um, and now if I could turn the clock back I'd be more like, my child comes first, and we can sort out this relationship after, um, you know. So I've learnt a hard lesson basically, 'cos now even looking at his birthday I won't be able to celebrate his birthdays, I, I might get a photo if that, I haven't even met the family yet, so it's frustrating.”*

Melissa did not agree for the plan for adoption, and she returned to court to contest the placement order. Her appeal was unsuccessful and her son was adopted. However, during the appeal process



she became pregnant with her youngest son. She fell pregnant and was able to keep this baby under a Supervision Order. Whilst this was positive for Melissa it was also something she found challenging, both for fear of her son being removed, and also how to explain her circumstances to other parents.

However, Melissa's narrative, rather like the spider diagram, moved from one subject to another very quickly and it took the whole of the first session (which lasted a number of hours) to get a picture of what had happened. In addition to a timeline, Melissa also shared photographs of her son (discussed below) and read out a court judgement. What was interesting about Melissa's narrative is how she chose to share some information. For example, within her initial narrative she spoke about reporting her partner to the police because "he sexually assaulted me". However, when she read out the judgement it emerged that she had been raped by her partner. Likewise, when discussing her childhood she described it very differently to how it was described in the judgement. She spoke about her childhood in relation to checks made on her by social services:

*"They checked if I've got a criminal record which I haven't, um, they checked my school records, there's nothing on my school that says whatever they were looking for it to say, um, they used the fact that my mum, well my mum's now passed away, and my dad's passed away, and my dad used to be an alcoholic and used to treat my mum very bad, so they used that to say, um, I wouldn't know how to parent a child, and I was like er, just because er, my parents were not good with each other, doesn't mean I'll not be good with my children, um, so that got thrown out of court."*

Again, the judgement was very different to Melissa's narrative, as it emerged that she was sexually abused as a child and spent time in care. Perhaps, due to the trauma of these events, it was easier to read out somebody else's accounts of her life than trying to put them into her own words.

Melissa appeared to get into character when reading out the judgement, stating "ok, I'll pretend I'm the judge".

Melissa also felt that reading out the judgement was a more accurate way of explaining what had happened. We had a number of discussions about it being her experiences rather than actual facts being what I was trying to find out. This led to discussions about the purpose of the research and the importance of her own perceptions rather than the official account outlined within the judgement.

Figure 5 Source: Melissa

## Life story books

### Melissa

In addition to reading out the judgement and creating a timeline, during the second interview Melissa shared a number of photo albums that she had created, which created a life story. Melissa described her reasoning for creating these stating that “I was trying to do my own timeline here.” There were a number of photo albums and we went through them in order, starting with photos of pregnancy and birth and culminating photographs of the final contact with her son. The reason that Melissa created this was to maintain a link with her son:

*“cos he now has his new mum, and he now has his new dad, and he's got a sister, his adoptive, like, I don't know what you'd call her, his adopted sister I don't know. So he's got that, but he mustn't forget that he has got a mum, and he has got a dad there, and he has got other extended family members, so like he'll need a picture of [his younger brother] later, he'll need a picture of his 2 other [half] brothers.”*

For Melissa, the photo albums and timeline she has created is designed to teach her son about his early life and maintain those links with his identity. Photographs are a way in which she feels able to do this, “you can get a lot from a picture”.

When children are adopted, it is common for social workers to provide life story books which outline their early history and reasons why they are adopted, written in an age appropriate way (DfE 2013,

Watson, Latter and Bellew 2015). Statutory guidance states that birth parents should be encouraged to contribute to this (DfE 2013). Melissa was aware of this and expressed disappointment that she had not been involved, stating:

*"It's a shame again they didn't work with me, 'cos I'm sure [my son] would have liked, you know, to have seen his mum inside him, you know. Seen himself inside his mum's belly, and you know where he went, like in that photo he went carnival even though I was pregnant for example (laughs)."*

Melissa spoke about being asked to be involved in the life story work. However, this work did not take place, "so the social worker... did say that he was gonna work with me doing the photos, but he never did. So it's a shame, 'cos I've got lots of stuff that I'm sure [my son] would appreciate."

In addition to photographs, the albums also highlighted the importance of objects and the significance attached to them. For example, one photo showed her son holding a teddy, and Melissa stated "I remember that toy, I brought it in Sainsbury's that teddy, it's funny, when you go and buy it again you can't get that same teddy." For Melissa, the loss of the teddy, which went with her son to his foster and adoptive placements, was significant and perhaps symbolised the loss of her son in some way.

The photographs were also important to illustrate the loss experienced by her son, as they depicted her son with a range of extended family members and friends in addition to his birth mother and birth father. Like timelines and narratives, special occasions were very significant and marked by photos, such as his first birthday party and attending extended family members' birthdays and days out; "that's the only time I took him to the beach actually, and the merry go round, yeah he's playing in the sand". For Melissa, these memories of events and occasions served to illustrate the relationship she had with her son. This theme is explored further in Chapter 5, where it is suggested that the loss of everyday acts of mothering made birth mothers question their own identity as mothers. They also served as a way for Melissa to express her own feelings of grief and loss:

*"It's sad, it's just sad, because I can't, like I celebrated his first birthday which me and my sister organised, celebrated his second birthday at the contact centre, his third birthday was with a new family, um his fourth will be with a new family, all the other birthdays will be with them."*

Special occasions and photographs therefore serve as a reminder of loss. They also enabled Melissa to create a narrative of her son. It has already been highlighted how adopted children appeared missing from many narratives. In the first interview, Melissa's son was also absent and she spoke more about her younger son who lives with her. However, the photographs enabled Melissa to speak about her adopted son in a way which was absent from her earlier narrative. Melissa explained this absence as a way of protecting herself;

*“when I started to read what I wrote to [my son], that’s when I could feel, that’s when I had to let you take over, ‘cos I think both me and [his father] block it inside and we don’t really talk about it, so like the social worker will sense there’s some sort of sadness, the psychologist when he’s interviewed us senses, but we don’t talk about it. But they must pick up on it, ‘cos we don’t actually verbally say anything.”*

By sharing the pictures, therefore, Melissa was able to talk about her son but also acknowledge the trauma and pain which leads to silence. This has implications for practice in terms of both how social workers could work with some parents to share elements of their life history, and also of how post-adoption support workers can use photographs to help birth parents to talk about the loss they have experienced.

### **Shelley**

Shelley created a ‘life story book’ for her eldest son, who was adopted. Unlike Melissa, this was initiated through the post-adoption support service that she was involved in, although Shelley recounted how she created the book herself. Photos were an important part of this, “I think with having the photos, the photos tell the story to me.” Similar to other birth parents, special occasions were significant: “that’s, um, important events you know, when he started to learn, when he walked, and important dates, when he was christened.”

Shelley felt that photos were an important link to her identity as a mother and her relationship with her children, “I said if I aint got all the photos of me kids I’ll have no memories.” Photographs appeared to serve as a real reminder of her children, and she carries photos with her everywhere, “they’re always with me, they’re on key rings, they’re on everything, and they’re with me and that’s important to me you know.” In addition to photographs, Shelley also discussed the importance of other documents and objects, including her son’s birth certificate. She described how “I’ve kept all of their both of their toys, got bags of toys from both.”

Shelley was different to some of the other parents, as she spoke more about her adopted children and they weren’t absent from the narrative. This may be because both her children are adopted. However, the photographs were beneficial in describing small details about her son that otherwise may be forgotten; “this is like when he was going nursery, and his friends used to make cakes for them. He was forever wearing them sandals, he wouldn’t take them off.” These small details, such as a pair of sandals, or Melissa’s importance of a favourite teddy highlighted above, were not present in the narratives of those parents who did not share photographs.

Shelley’s son was school age when he was adopted, and again the photographs illustrated the extent of the loss he experienced through photos of extended family and school friends. One photograph showed Shelley’s son with his dog:

*"This is his pets, that's his cat that was his cat and then Mitch is my dog, I used to do Mitch's, it's so funny he used to just go outside and play, and he was so soft as they are they are, lovely, he is so soft. And I remember one day he used to come in, 'mum', he's not, he used to go behind him only gently pushing [my son] go down, he'd pinch his, [my son's] one sock come and give it to me, go back out get [my son's], get the other sock, an then come back to me. And every time he went out and played with him he did the same thing, (laughs) he used to play with them, and then if [my son] was on his little bike he'd be there trying to pull him along to play with him, he was so funny, he was a funny dog."*

This quote highlights the significance of everyday acts, and the importance of photographs as a way of preserving those memories for Shelley. It also illustrates the loss experienced both by Shelley, but also by her son, who lost family pets in addition to his family and friends.

Shelley also used the life story book to share her version of events with her son. She had written an account of her version of events, included within the life story book, and stated "yeah that's the truth, that's what happened, that, exactly how I was treated." Shelley felt that she was misrepresented during the court case, and as a result her son does not know the reasons behind his adoption:

*"If they couldn't have me on my health, then obviously they'd got me down as a as a bad mum. And when we went to court it was so, so much was crossed out, and he, and the barrister just said we can't we can't go ahead with this, they'd crossed it all out and went through it, went the social worker, so we can't mention all this. 'cos if [my son] had gone back to see the files it's too, too bad, I don't know what was put, don't know what was crossed out, I don't know."*

Shelley found it was important to make the distinction between being an 'ill mum' and a 'bad mum', but felt that she was labelled as a 'bad mum' by social services. It was therefore important that her son was able to see her version of events. Like Shannon, Shelley also highlights what was left unsaid between her and social services. However, in contrast to Shannon, where this secrecy remained implicit, this was made explicit through the redaction of information available to her during the court process.

## **Summary**

This chapter has used the timelines and life story books created by birth parents to illustrate their experiences of adoption, placing these in the context of events leading up to the adoption. This has been useful in showing the different life experiences of birth parents, and the complexity of issues that they faced. A number of parents had extremely complex circumstances with a number of different children who had different outcomes including remaining with birth parents, out of home care but still in contact, and adoption. The timelines were beneficial in clarifying these circumstances which were not always easy to ascertain from parents' narratives alone. They added a sense of chronology to the person's life history.

This chapter has illustrated a number of key points in relation to consent, trauma, gender and the difficult and complex circumstances faced by birth parents. These are developed further in Chapters 5 and 6. The following two chapters address both commonalities and differences in birth parents experiences using a thematic approach, to further explore their experiences of adoption and to consider how this impacts on their understanding of consent. This chapter has given brief case synopses of five participants, through an exploration of their timelines and photographs, in order to place these experiences within the context of their life history.

## Chapter 5: Parenting Under Scrutiny

*“They said if you want to keep your daughter you need to get a thermometer, I went a thermometer ain’t you taking the bl, the thingy? So we got a thermometer. We, er, we got baby monitors and everything, right, and then they got on about me cat, right, I didn’t have him then I had another cat, and because I were pregnant with [my daughter] they said you have to get rid of your cat to keep your baby, so I got rid of me cat.”*

(Jane)

In the previous chapter, the life histories and life story books of five participants were explored in order to gain an understanding of the individual and unique experiences of birth parents. Whilst these histories are not representative of all participants, they do illustrate the different experiences of birth parents and the complex nature of birth parents lives before, during and after the adoption process. The chapter explored some of the ways birth parents constructed the narratives of their life histories, and how this narrative construction, including what was left unsaid, told a life history.

This chapter uses a thematic approach to outline some of the common themes and diversity of experiences highlighted by birth parents. In the first section, the experiences and circumstances that birth parents had prior to their children being adopted are presented. This section is called ‘parenting under adversity’. A key finding was the multiple difficulties that birth parents experienced. It is structured using the three areas of the Assessment Triangle taken from the Framework for the Assessment of Children in Need (DoH 2000); family and environmental factors, parenting capacity and child’s developmental needs. This has potential to contribute to social work knowledge and aid assessments in future, by illustrating the factors that birth parents view as having a significant impact on their own ability to care for their children. The next section, ‘parenting under scrutiny’, outlines birth parents’ experiences once social services became involved with their child, starting with the lead up to the removal of their child and outlining birth parents’ perception and understanding of the court process. The findings highlight how the adoption process serves to exacerbate the difficulties previously faced by birth parents.

### Parenting Under Adversity

Parenting under adversity was a key theme within the life history interviews. This theme has been organised into categories using the assessment triangle. The first section explores family and environmental factors, followed by parenting capacity and finally the child’s developmental needs. It should be noted that ethnicity is not fully explored within this section, apart from a brief discussion within the child’s needs section. This is because, as discussed within the methodology, 13 of the 14 participants were White British, and one participant was British Asian. Ethnicity is explored briefly as part of a child’s identity as four of the children were mixed ethnicity. The lack of black and

minority birth parent voices is also reflected within other research with birth parents (Charlton et al 1998, Ryburn 1994) and demonstrates a continued gap in birth parent voices.

It is also important to note that the life history interviews were fluid and unstructured, and some participants spoke at length about factors relating to adversity whilst others did not. Therefore, some parents may have been impacted by factors which they did not share or did not feel were relevant themselves. The life histories were therefore beneficial in highlighting factors which may otherwise have been missed, but were not comprehensive as parents chose to share what they felt was important.

### **Family and Environmental Factors**

A number of key themes were highlighted by parents within this section, including socio-economic factors, family history and functioning, housing issues and support and resources. Many parents struggled with issues such as finances, housing and employment. None of the parents were currently in work. A number of parents had worked in the past, or had partners who had worked in the past, however, with the exception of one mother, these tended to be low-paid short term jobs. This led to financial and housing difficulties for parents. Maggie spoke about her experiences as a young single mother to two children, after separating from her abusive partner:

*"I wouldn't even eat for two, three days just so I could make sure my kids was fed and there was electric in, and you know, it, it'd become a real struggle. Um, and because I'd moved not only areas and then um got a job, got a part time job, obviously I was only entitled to so much in benefit which all which affected my housing benefit, which at the time I was in a private renting, he kicked, he then gave me my notice, um, because it'd affected the amount of rent, which is how I ended up having to move very quickly. He'd given me seven days to get out um and I had to accept and move into this attempt at a council house which, which was squalor at the time."*

For Maggie, financial pressures led to difficulty in providing a basic standard of living for her and the children, including providing suitable housing and food. This had led to her approaching social services for help, but their involvement over these issues was limited:

*"I'd gone to them in a bit of a distraught mess to be honest for help um a couple of weeks previously saying I can't feed my kids, I can't, my house is a mess type of thing, um, I can't get a babysitter. Um, and they gave me a food voucher at the time, um, but that was the only involvement really I'd had with them regarding my children till then." (Maggie)*

The children were removed initially due to concerns of neglect. The mother described how she had left her children unattended in order to collect her wages as there was no electricity in the house. This incident happened a number of years ago, as Maggie's children are now in their late teens and have two younger siblings. However, other parents also had initial involvement with Children's



Services due to housing concerns. Anthony described how overcrowding led to a social services referral:

*"Where we was living the place was too small, so we spoke to our health visitor and the health visitor said if we just get social services involved, 'cos they can help you move, they can get you up the bidding system. Ok, yes she did, um, then 'cos that's when we had [social worker] and she was really nice, and then we moved here and that's when all the crap started."*

For this birth father, meeting the housing needs of the family led to unwanted involvement in other areas. Housing difficulties were also linked in some cases to financial problems, and many of the parents had debts linked to housing. Lucy described how she was sent to court for rent arrears:

*"I'd managed to get myself into arrears, rent arrears, 'cos where I'd gone away from my home for so long, about 6 months with [my ex-partner], I was considered not living there therefore I should've been paying rent on it, and so I found myself with a £3000 rent arrear bill, an, um, there'd been other occasions where like they had boarded my house up where it had got raided, they boarded it up so no-one could get in it and I'd been away, and oh it was just a nightmare. So then I had to get a locksmith out to get it open, so I incurred lets bills um, lots of debts, and so I had been sent to court for a means inquiry."*

Likewise, Sally had incurred a number of debts:

*"[My partner] had left me with half his, he was getting loans out and putting them into my name, um, even I've had a recent a bill, last year I think it was, and that was from the child tax credit people, Inland Revenue, and they said we owed over a thousand, one thousand eight hundred odd pound to the, um, which I never saw because the children were actually taken and I notified to say that the children had, er, been taken into foster care and then they were adopted. But [ex-partner] was having the money paid into his account and I wasn't seeing any of it, and yet I've been, you know, having the bill sent to me saying I had to pay it all."*

A number of parents lived in private rented accommodation and this could lead to difficulties with landlords increasing the rent or evicting parents at short notice. These examples illustrate some of the constraints and pressures that birth parents faced. Mary described how she had to work nights whilst she had 3 children under 3:

*"I got a job ... working nights. [My partner] used to have the kids, I'd put the kids in bed before I'd go to work because [my son] wouldn't go down for [my partner], so it was like, I'll sort [my son] out if you can sort the girls out so it was like fine."*

Mary described how her baby was still having bottles so she would use her break to return home and give her baby a night feed before finishing her shift. In addition, this highlights how gender issues contributed to the constraints felt by birth mothers. Gender and relationship difficulties were a contributory factor in Mary's situation, as her partner was at home but both the work and the child care became her responsibility. However, Mary appeared accepting of this situation. Whilst this may have been because of her individual relationship with her partner, gender discrimination as a form of symbolic violence may also have been at play within this situation with Mary accepting her

role as the primary care giver to her children, even whilst she was at work and her partner was home, as 'natural'.

Mary and Katie also described periods of homelessness. Katie described sleeping on the streets and in refuges during her pregnancy, and Mary described a number of times when she slept in a tent. At one point, she left the area she was living in due to fear of violence from her family and lived in a tent with her partner and child:

*"[My son] was 2 years old and because we had nowhere to go, and we had to keep [my son] warm, we went and brought a fifty pound tent out of Argos, and we lived a tent on [location] for nearly 5 months... I'd gone into social services and said to social services can you please put my son into foster care because I am living in a tent. I can't bath him and I can't feed him properly so I'm asking if you can put him into foster care until I can get somewhere I said, because I've moved from [location], I had to get away from family because I had threats. Social services wasn't even bothered, never even said anything." (Mary)*

This toddler was not removed from his mother despite the material circumstances in which he was living, even though he was homeless and Mary had requested that he was accommodated. In this situation it appeared to be because the mother had moved areas and therefore was unable to access support unless she returned to her home town, which she felt unable to do due to fears of violence from family members. These accounts therefore illustrate that material circumstances caused a number of pressures for birth families which impacted on their ability to care for their children.

Melissa is a notable exception, as whilst she was not in work at the time of interview as she had a young baby living with her; prior to social services involvement she had a permanent job. Melissa was also notable of those that referred to their educational background in terms of her education, as she had a degree level qualification. However, Melissa felt that her education 'went against her' as her social worker viewed this negatively:

*"Even in court she said to the judge, oh Melissa's got a [subject] degree and she thinks she's better than anyone, and then I looked at my solicitor and my barrister at the time like to say, you know, just because I've got a [subject] degree or whatever doesn't mean I'm better than anyone, and I can't believe she said that officially in court. Like, clearly she's got her own issues for her to even say that because I don't think I'm better than her, she's the one who's qualified as a social worker, she's the one who's got experience as a social worker, I've got a different experience and different qualification, doesn't mean I'm better than you, you're better than me, you know."*

Melissa's comments here reflect how an increase in economic capital, in the form of educational qualifications which led to a permanent job, did not equate to an increase in cultural and symbolic capital in the eyes of her social worker.

Other parents reported low levels of literacy, poor school attendance and learning difficulties. For example, Mary described how she was “kicked out of school because I just never bothered going”, and Nina described herself as having “mild learning difficulties” and ADHD, whilst Lucy described having dyslexia. Not every parent mentioned their education background however.

These findings therefore suggest that socio-economic factors were a concern for the majority of birth parents, and in some instances were a means of families contacting social services for support. Recent research suggests that despite the policy attempts to reduce statutory assessments and interventions through the Common Assessment Framework, child protection referrals for children under five years increased by 79.4% between 2009-10 and 2014-15, whilst the actual number of referrals and children classified as ‘children in need’ under section 17 of The Children Act (1989) stayed relatively static (Bilson and Martin 2017). In addition, Local Authorities with higher rates of referrals are less likely to work longer term with families and families are less likely to receive statutory services if they live within areas of higher deprivation (Hood, Goldacre, Grant and Jones 2016). This raises questions about whether socio-economic factors, and the impact of them on birth parents, are addressed by social workers and in what way? Would addressing socio-economic factors impact on other areas of parenting capacity?

### ***Family history and functioning***

Issues around family history and functioning featured widely in the course of parental interviews. Difficulties within intimate relationships including domestic violence and becoming a single parent were common themes. Issues with wider family members were significant for some parents, as illustrated by Mary above. Family history, particularly parents own childhood experiences, were key for a large number of parents, and this is explored within a separate section.

Domestic violence was extremely common, with 11 out of the 12 (91.6%) of birth mothers reporting some level of domestic violence. For Claire and Maggie, this had been in historical relationships, however for every other mother it was a feature in at least one relationship where a child was adopted.

Melissa understood domestic violence within the relationship to be the sole reason her son was adopted, as initial concerns raised by children’s services about other aspects of her parenting were dropped in a finding of fact hearing. Here, Melissa describes her feelings about the relationship:

*“Throughout the relationship I wasn't happy with some of his behaviours, but I didn't really do anything about it, and then it came to a final straw where I was like enough's enough. Anyway, then I went to the police, reported everything, then he got arrested, um, and, yeah, then I had to be put in a refuge. No, then I stayed at my friend's house briefly, then I was put*

*in a hotel briefly, then I stayed in a refuge whilst [my partner] was in prison, then when he came out me and him stupidly decided to get back together because, for the sake of the child."*

Melissa described how she felt that she was doing the right thing for her child by re-establishing the relationship with his father. She did not realise the implications of this at the time (see Chapter 6 for a further discussion about this).

For other mothers, domestic abuse was part of a more complex situation. Lucy described the pattern of domestic violence and how this interplayed with other factors: "[My partner] did the pattern of what he knew, which was to become a drinker like his dad, and very quickly become violent towards me, and and it started off that catalyst of problems." In this relationship, domestic abuse was linked to alcohol abuse. Lucy had further relationships involving domestic abuse, however the nature of the abuse changed as she started to defend herself, bringing a new dynamic to the violence: "I'm fighting back this time, and of course then there's two of us fighting in the house and there's no way you're getting any resolution out of this." The relationship was extremely volatile, and her partner was subsequently imprisoned due to the violence. However, he later returned to the family home due to a lack of support for Lucy, as described in Chapter 4. This highlights a number of factors that contributed to her situation. Similar to birth parents who experienced poverty and financial hardship, Lucy did not receive the type of support that she requested from the local authority, which further contributed to her difficulties.

Several mothers also described violence occurring during pregnancy. Katie had a number of abusive relationships, and she spoke about one partner who actively opposed the pregnancy, "he didn't want baby because he kicked me in the side of the stomach when I were pregnant and stuff, he didn't want me to have a baby". In her experiences, pregnancy led to an escalation of violence. Similar to Lucy, there were multiple factors at play including substance misuse, mental health issues and homelessness. For Shelley, domestic violence contributed to socio-economic difficulties as she ended the relationship and left the home which she had owned together with her ex-husband. This caused problems as her name remained on the mortgage once she had moved out and she incurred debt as a result of her husband not paying the mortgage. She described how she then lost money from this move:

*"In the end he had to sell the house and that, but he had all the money from the house, over £100,000, and I didn't have a penny off it. Really wrong really, and I shouldn't've walked out you know, I should've took it, but I didn't like the area anyway and I just needed to get away, be closer to my lot really, you know, so that's why I walked out. It was very hard."*

Whilst Shelley acknowledged that she could have kept the house, she found it easier to leave even though this led to financial difficulties.

Three of the mothers reported rape within a domestically abusive relationship; however seven out of the 12 mothers (58%) reported some level of rape or sexual abuse as children or adults. This ranged from having a sibling who was sexually abused, as in the case of Maggie, to being sexually exploited as a child and an adult. Mary was 15 when she entered a relationship with an older man at the suggestion of her father:

*"My dad used to work with this bloke, and this bloke's got a son and he was 37, and me dad turned round and said like pair up with him and he'll look after you, so it was like an arrangement through my dad."*

For Mary, this started a series of abusive relationships and rape and sexual violence, including being forced to perform sexual acts with other men by her partner. Lucy also felt that she was sexually exploited; however she did not come to this understanding until after she had completed therapy:

*"I was going out at 14 or 15 and going out thinking I was a big grown up and I was at parties where there were older people and I had a few relationships with these older guys. Um, now looking back on it, it was they were using me for sex 'cos most of them had partners or boyfriends that were doing things like that their own age." (Lucy)*

Therapy helped Lucy to recognise what had been happening within her relationships from a young age, but this occurred after three of her children had been adopted. Diane was sexually abused in several relationships, and this abuse led to the adoption of her daughter as she was conceived via rape which led to the decision of the mother to "sign her away" for the safety of both mother and daughter. The theme of rape and sexual abuse is also significant as for a number of mothers, their children were sexually abused and in some cases the mothers were themselves accused of sexual abuse. This is discussed further in "Parenting Under Scrutiny".

These findings also highlight a gender disparity within family history and functioning, as neither of the birth fathers mentioned domestic violence or sexual abuse. This also appeared to be interpreted in a gendered way by social services, as birth mothers were accused of 'failing to protect' their children within these relationships. It is unclear whether this was because family history and functioning was not an issue for birth fathers, the nature of having a female researcher, the birth father's perceived lack of significance of these issues or the stigma of being viewed as a perpetrator as opposed to a victim of abuse. This raises issues for social workers in terms of encouraging birth fathers to talk about and address some of these issues within assessments.

#### **"The Past is the Past": childhood history and previous social work involvement**

As discussed above, the past experiences of birth parents was highly significant. These involved both incidents and events within their own childhood history, and also previous experiences with social services. Birth parents chose to talk about their past in a variety of ways, as discussed in the

previous chapter. In addition, as in the previous section, there is a gendered nature to the findings as the two birth fathers did not go into their own childhood history at all.

Of the fourteen birth parents, six birth mothers disclosed that they were in local authority care as children, and one was adopted. A further three birth mothers disclosed that there had been some level of social work intervention with them as a child. One birth mother had no social work involvement as a child, but two of her partners had. Recent research which explored child adoption in Wales found that out of a sample of 356 birth mothers and 240 birth fathers, 27% of birth mothers and 19% of birth fathers were care leavers (Roberts et al. 2017). The number of care leavers within this sample is much higher. The sample is non-representative, but this does raise questions about whether care leavers are more likely to access support groups than other birth parents.

Mothers that spent time in care related this to their ability to parent their own children. For Mary, her own childhood history was the trigger for her children being adopted, and she started her life history with her own childhood, stating that “it all started from my childhood with mine... because I never had, I never got, I never got a childhood”. She went on to describe being placed in foster care by her parents, and being in a range of different residential care homes, prior to officially moving out of her parent’s home at 15 and becoming pregnant. Mary’s childhood history remained a source of pain and unresolved feelings; “when they say I’ve got, I’ve had a chaotic lifestyle, and it’s like, well, yeah, but you can’t just all blame that all on me, I was a kid. I’m looking for someone to turn round and say right this ain’t right, but no-one ever did.” For Mary, her past is impacting on the present as she is unable to move on from what has happened and the anger and injustice she feels. This sense of the past being unresolved was also apparent for Katie, who was adopted herself as a child; “I want to know about why I got adopted, my sister knows but she won’t tell me anything.” Mary and Katie therefore recognised the impact of their own childhoods, but the trauma they have experienced due to their childhoods remains unresolved.

Other parents spoke about their past in relation to the present as a negative impact by children’s services. Sally felt that social services attributed her current parenting to the sexual abuse she experienced in her own childhood:

*“But you see in my past like I was, I had um family members had raped me. Um, then my mum and dad were accused of er, not protecting us enough, so that had an impact on my upbringing of my own children, um that’s what the social services were saying, that they felt it was impacting on my parenting.”*

Sally demonstrates how her past was perceived to have an impact on her parenting. Nina extended this by demonstrating her understanding of how attachment theory may be used by children's services, to explore how the quality of a child's relationship with their carers has influenced their own ability to form relationships as adults (Howe 2009). She described how she was "in and out of foster care" between the ages of 7 to 18. She did not feel supported by social services when her baby was removed. In her view, however, she should have been supported:

*"They knew I never had my mum around when, as I was growing older, and they knew I was in and out of the care system, so why wasn't I supported by social services when I asked for it? But no, they wouldn't give it me."*

This highlights how Nina was able to see how her own experience of being parented impacted her own parenting ability, and also raises pertinent questions about the nature and level of support given to mothers who are care leavers. This is important due to the high number of birth parents who have been in the care system (Roberts et al. 2017).

Other birth mothers were keen to distance themselves from the parenting that they received in their own childhoods. Claire did not agree with social services conclusion that her own childhood was impacting her parenting:

*"I keep saying to them how I was brought up don't, don't influence me how I am as a mother. I try, I, I bring my children up different to how my mum and dad brought me up, I'd never ever leave my kids whereas my mother did. Now, if I wanted to follow on from what I've learnt from my mum I got a beating."*

Claire felt that the concerns about the impact of her childhood on her experiences were not justified as she had made the decision to mother her children in a different way to how she was parented.

However, not all parents described having a difficult childhood, for example Lucy was keen to state that "it can just happen the same to everyone, because I wasn't a child in care, I didn't have a bad, bad childhood I had a couple of, you know, things happened to me, but nothing that was life changing in the case of to do with my lifestyle".

The findings therefore show the complex and often contradictory nature of understanding birth mother's views, with some parents recognising that they need additional support due to their family history whilst others were keen to distance themselves from their early experiences.

In terms of past history, prior experiences with children's services as a parent were also significant. Twelve of the parents had more than one child. Of these parents, eight had been involved in repeat proceedings and one had been issued with a letter before proceedings (the stage before court). In addition, one birth father had been involved in previous proceedings around his step-children. This

is significant as Broadhurst et. al. (2015) suggest that up to 24% of birth parents who enter the care system are subject to multiple proceedings and a sizeable proportion of the children involved in repeat proceedings are babies who therefore are likely to be adopted.

A number of parents felt that once they had had a child removed into foster care, special guardianship or adoption, they were not given a fair chance to parent by Children's Services due to their previous history. Sally described her frustration in the court process about this:

*"I even said to the barrister at the time, I said look, I said they're not even giving me that chance, because they're saying you're not going to feed your baby, you've not done, you've shaken your baby previously, and I had to go through all the processes that were there um the reports that were said about me supposed to have shaken my [daughter], and then they said I hadn't properly fed her. Um, they kept dragging little things bits and pieces up from my um my past and every time we were having court proceedings going on they were bringing up the fact that I was abused when I was a child and I said well that's nothing to do with now."*

Sally had ten birth children, and six of them were adopted. Her comments suggest that she felt that both her own childhood history, and the history of repeat adoptions, had an impact on her chances with her youngest children.

However, four of the parents had a child in their care after an older sibling's adoption, and one parent had successfully appealed a placement order in relation to her son and was going through fresh care proceedings, suggesting that whilst past proceedings were taken into account they do not always lead to the adoption of younger siblings. Lucy fell pregnant with her son during care proceedings, but the courts did not find out until towards the end of proceedings and so fresh proceedings were granted. She believes that this is what enabled her to keep this child in her care:

*"By the time my final hearing happened, although decisions had already been made I could see a change in some of the professionals that were questioning what was going on my relationship with the local authority."*

Despite this, she was still very concerned that he would be removed from her care, and describes how she "sort of almost convinced myself they would try and take him straight away". This was also a fear echoed by both Melissa and Shannon. Shannon voiced a view held by a number of parents, that the passage of time should be taken into account when social workers are making decisions about the younger siblings where children have been previously adopted "then I was just like, well it's been 10 years, surely they've gotta give me a chance." Time appeared significant for Shannon as she was a teenager just out of care herself when she had her first child. This section therefore demonstrates that contextual factors, including the past history of birth parents, are significant in terms of adoption.



### **Resources and Support**

Parents reported a lack of support and resources both within their family networks, social integration and community, in addition to a lack of professional support. As illustrated previously, parents experienced a number of house moves, and often these could involve changes of area and even frequent changes of city. This had an impact on their ability to know of appropriate community resources and integrate within the local community. Katie moved with her baby to live with a friend in a different city, and when this broke down she moved back to her home town. This led to the baby being removed into care. For this mother, being known in certain communities could also be detrimental, as she described how being “known” led to people sharing information about her ex-partner. Colin reported that he had lived in a number of different cities and moved frequently. Maggie moved areas in order to move away from an abusive relationship. Whilst this was positive in terms of leaving her relationship it led to problems with housing and childcare highlighted earlier.

Many participants also lacked support in terms of their wider family. Maggie spoke about how she was advised to get support from her family, but “if your family is not the right kind of support, then I'd rather not have that support than the wrong kind of support”. A number of parents reported that wider family members, for example siblings, had either abused them as children or had children of their own that had been removed by children's services.

However, some parents were able to access support. Sally felt supported by members of her church. Other parents often accessed support after a child had been adopted and they tried to keep a younger child in their care. Melissa attributed her keeping her second child to “being proactive in terms of his birth er, what's the word, um in terms of accessing support and acting on what they recommended”. Maggie, who successfully contested a placement order for her youngest son and is now going through fresh care proceedings, spoke about building a professional support network including Home Start, a nursery place for her child, and undertaking therapy which she accessed herself to compensate for a lack of family and friends support. Nina would like another child and has therefore undertaken a range of courses with this in mind:

*“I have the parenting skills I'm now in the middle of doing another parenting skill course, so I'll have two certificates for two parenting courses, um I'm just waiting on my results for anger management but I've done it, um I've done Coping with Stress...”*

For these parents, the hope of keeping a younger child has been an incentive to access support. This is addressed further in the section ‘fighting back’ in the next chapter.

## **Parenting Capacity**

In addition to the factors highlighted above, it was clear that parents also faced a number of adversities directly related to parenting. This could make circumstances difficult for birth parents already facing some of the adversity issues outlined above, and some parents reported that these difficulties made it difficult for them to bond with their children.

## ***Health and Wellbeing***

Out of the 15 participants, ten birth mothers and one birth father reported struggles with their mental health, including depression, postnatal depression, or personality disorders. This correlates with previous research by Neil who found that birth mothers who had children adopted experienced a high amount of psychological distress (Neil 2013). However, the retrospective nature of the study meant that it was not possible to tell whether the mental health issues were present before or after the adoption. This study is also retrospective; however some of these parents described having these difficulties prior to their children being adopted. Katie was adopted as a child, this disrupted when she was 16 and she went on to have 3 children who were adopted in repeat proceedings. She described how she asked for social workers to be involved when her daughter was born “because obviously I had mental health problems and I wanted the help”. Diane and Mary also described having mental health problems prior to their child being adopted, although these problems increased once their children were removed (see ‘Adversity Exacerbated’ below). In addition, Colin described how his girlfriend had a personality disorder and was under psychiatric care whilst she was pregnant, which led him to the conclusion that “there was no chance of her keeping hold of the child or anything like that”. Sally also described the father of five of her adopted children as having bipolar disorder.

Katie and Mary described being sectioned under The Mental Health Act (1983). In addition, Sally, Jane and Diane described being admitted to psychiatric hospital but it is not clear from their accounts whether they were sectioned or entered voluntarily. Often this was around the time that they had young children and in two instances, for Jane and Diane, happened as a result of their child being removed into care. For example Jane stated that her baby daughter was seriously injured by her partner and was removed. She then states that “from there he got arrested, I got arrested, and then I got put in [psychiatric hospital] “cos of it all”. The following chapter also explores parents’ experiences of being sectioned in the section ‘consent in wider life’. Four of the birth mothers had been diagnosed with personality disorders. For example, Sally stated that “I was diagnosed with having a histrionic personality disorder, um, which is where I can't make proper decisions they reckon for myself, and that I had difficulty planning things.” For these parents, they often did not

understand what these diagnoses meant, with Katie stating “I don't even know what they mean really, I've got borderline personality disorder, adjustment disorder, anxiety, self-harm issues and depression”.

In addition, five birth mothers reported experiencing postnatal depression. For some parents, this was linked to existing mental health conditions and difficult circumstances. Diane described how she was diagnosed with postnatal depression after experiencing domestic abuse whilst she was pregnant:

*“I suffered from it really bad because of what he used to do to me while I was carrying her and things like that. He used to hit me when I was carrying her, he threatened to push me down the stairs when I was six months pregnant, and I lived on a top floor flat.”*

Diane had ongoing mental health problems, although it is not clear from her account whether they started prior to the birth of her baby. She was admitted to psychiatric hospital when her baby was young and this led to her child being removed from her care.

For other parents, postnatal depression affected their ability to bond with their child. Sally described how, after the birth of her daughter, “I suffered quite badly with depression um and it was just it wasn't that I abandoned them or anything but it was just sometimes I'd sit down and weep about things”. She also described how her depression made her very protective and she was reluctant to let anyone else, family or professional, be involved with her babies. Similarly, Shannon described how she “just woke up one morning burst out crying, the babby was crying, I couldn't even pick her up. Um, all she wanted was just feeding and I just physically couldn't do it, I couldn't pick her up, but I suppose not physically, but emotionally I just couldn't.” Postnatal depression therefore impacted the parenting capacity of these mothers.

In addition to mental health difficulties, five parents (four birth mothers and one birth father) also described having physical impairments which affected their day-to-day living. These ranged from ongoing debilitating conditions to hearing impairments and spondylosis. For the two parents with ongoing conditions, these were described as contributory factors in the decision for their child to be adopted. Shelley described how a consultant's letters describing her health condition as terminal led to the decision that her son should be adopted against her will:

*“Me consultant told me I was in my final stages of life, basically, I had a letter to say that, so whether they got told the same and they thought they'd gotta do it you know, they'd gotta get them settled, I don't know.”*

Seven birth parents reported a history of either drug or alcohol use, and more reported partners who misused drugs or alcohol. Parents linked this use to their emotional health and wellbeing. For

some parents, this was firmly in the past and they reported being able to control this, for example Colin stated “I mean I have past history, everyone’s got past history, er mine was drug related with cannabis and amphetamine”. Lucy stated that her use of drugs was “recreational”.

For other parents, drug and alcohol was used to try and disassociate from their circumstances. Mary described using heroin because “I wanna numb that pain, I wanna forget the feelings I'm getting”. She had been sexually abused by family members and had spent time in the care system, and for her drug use was a way of escaping from these feelings. Jane described how she became an alcoholic for nine years after her eldest daughter was adopted:

*“I hit the bottle, then from there (sigh), it took me 2005 when we moved up at out of [location] up to up this end to um come off the drink, ‘cos I thought to meself, right, if me daughter come looking for me I didn’t want to see her mum as an alchie.”*

Jane therefore suggested that she resorted to alcohol as a result of adoption, but likewise it was the knowledge of how her daughter may view this which encouraged her to stop.

### ***Emotional Warmth and Stimulation***

Parents reported that their mental health affected their ability to provide emotional warmth for their child, particularly for those mothers with mental health problems and postnatal depression. Katie described how she had difficulties bonding with her middle child:

*“She'd not settle for me, and I think it was because maybe because she could sense when I were pregnant with her the violence I went through, and I could never settle with her ‘cos I was thinking what if she got upset. I don't know, something about [my daughter] I couldn't really connect with her, like I didn't want to, I don't know why but with her I felt hard to settle with her....”*

This child was removed at birth and Katie was describing how difficult she found contact due to her difficulties with connecting with her daughter. For other parents, this difficulty was attributed to their previous experiences with social services, with Sally stating that “as much as I wanted to, I've been scared to get close to any of my children properly, because of the fact that I’ve been accused so much”.

However, some parents did not agree with social services’ assessments that they lacked emotional warmth and stimulation. When describing contact with her eldest daughter, who went on to be adopted, Shannon stated how “I actually thought that it was ok, um, but what they put down is a different thing down “cos they says that basically there was no emotional attachment or nothing like that”. Maggie felt it was important to highlight the bond she had with her two oldest children, illustrating it by her children contacting her when they were older; “I knew that there, there was a connection between me and my children. Yes, I failed them, but there was a, you know, there was a

connection there....” Again, these comments demonstrate the use of attachment theory by children’s services. However, birth parents did not always agree with assessments of their bond to their children.

Shelley described being unable to bond with her youngest child as her partner had forced her to continue the pregnancy despite being advised to terminate due to the negative impact it had on her physical health:

*“They sat me in a room, right, you know this is gonna put pressure on you, you’re going to go into kidney failure, basically your kidneys are not holding out for this pregnancy, um, and so I, I was given a choice there and then: you either carry on with it or we sort something out for you, and I remember I sat there and said I can’t do this without my husband you know, you’ve gotta make the right decision. Went home, talked to [my partner], [my partner] said if I got rid of [my daughter] he’d, er, he’d leave me.”*

Shelley had her daughter and this had significant health complications. This factor, alongside the difficult relationship with her partner and her lack of support network led her to make a decision to relinquish her daughter, whilst her son remained in her care. This had significant implications for Shelley in terms of the ongoing guilt she felt about her decision.

### ***Safety and Stability***

Parents reported a number of factors that impacted on their ability to provide safety and security for their children. Many of these factors have been outlined above in the family and environmental section, including frequent moves of house or area, homelessness, and financial difficulties, domestic violence within intimate relationships, and issues within wider family and support networks. Parents’ own health and wellbeing, both physical and mental, also had an impact on their ability to provide safety and stability for their children. The multiple factors experienced by birth parents highlights some of the complexity within their lives and the issues that they faced.

In addition to these factors, a number of parents were either involved in crime, or had partners that were involved in crime. One birth mother had been involved in gangs. A number of male partners had also been involved in crime, for offences including drug abuse, burglary, and domestic abuse. Lucy spoke about her privacy being invaded as she was involved in gangs and was unable to remove gang members from her home, but her negative relationship with the police meant she was unable to access help:

*“So now I’ve got all these people round, and I don’t know how to get rid of them. I want to, but I don’t know the best way to deal with it, um, and because I’d had it pushed into me the environment I was living in, you can’t go to the police, the police don’t do anything....”*

For Lucy, fear and lack of safety was a way of life. However, whilst parents recognised that they

were living in environments which were not providing safety or stability for themselves, they did not always recognise the impact on their children until after the event.

### ***Parents views on what affected parenting capacity***

In addition to the factors impacting parenting capacity taken from the assessment framework, parents identified a number of additional factors that made life more challenging, around pregnancy and the birth of their children. In most instances, pregnancies were unplanned. Many mothers became pregnant very near the beginning of the relationship. Others spoke about having babies in quick succession. These factors caused difficulties for the parents. Melissa spoke about how her first child was unplanned:

*“We, um, met and it was de de de de de. I mean now I wouldn't go into a relationship so quick and get pregnant quick, I mean, I mean I, I planned to obviously, well not obviously, to get engaged, to get married um, you know, get my career sorted and you know all the rest of it. But things don't go always according to plan.”*

Melissa's first pregnancy was in stark contrast to her second pregnancy, which happened after she had made changes in her life in a more planned way.

Katie was adopted herself, she left home at 16 when her adoption disrupted and met the father of her eldest child on the same day, becoming pregnant very quickly. She reflected on this, stating that “I wish I thought about having kids rather than just having them. I wish, I wish I'd, I don't say I wish I didn't have them, it's hard to explain. I wish I could turn back the time and do things right and listen to them”.

Twelve birth parents had more than one child. For some participants there were long gaps between children. However, for most parents their children were born in quick succession. Maggie had two children close together when she was young, and then another child when her older children who had been adopted were teenagers. She described the difficulties of having her eldest two children close together “I'd just become a single parent. I'd just become a mum to two children really, not one, because obviously you know I'd had them so close together.” Other parents had a large number of children close together, with several parents having between five and ten children.

In addition to the unplanned nature of pregnancies, several parents cited age as a significant factor. Many of the birth mothers were young when they had their first child; for example Mary was aged fifteen, and both Katie and Lucy were seventeen. For Lucy, the challenges of parenting and living independently were difficult to handle:

*“When I moved out I, um, she [eldest daughter] would have been one, so at 18 I moved um into first flat with child and partner. Um, moved into ... this pokey little flat that was like 2*

*bedrooms, um, and where I'd had everything done for me I just didn't know how to do them things in the house, I was not good at cooking and cleaning up my own stuff."*

For this birth mother, the situation got more difficult as she had more children. Nina reflected on her experience as a young parent, stating that she could recognise social services concerns:

*"They said well we're gonna start looking at putting your son in care, you clearly can't be a mum, you're not ready to be a mum yet. Which, to this day, I think to myself they're probably right, I probably wasn't ready to be a mum, I was only 20 when I had when I conceived my son, and then I was 21 when I gave birth to him and I fell pregnant with the wrong guy."*

Whilst Nina disagreed with the adoption of her son, she recognised that the circumstances surrounding his conception created difficulties for her. Nina's situation was compounded by her own childhood history as she was brought up in care.

These factors are therefore worth exploring with parents as part of social work assessments, as areas in which parents recognise difficulties and would therefore be more receptive of support.

### **Child's Developmental Needs**

Due to the focus on parents' experiences, factors within this area of the framework were not explored in any depth and, as the child was often absent within parents' life stories. However, two factors around child's developmental needs were identified as themes: the child's health needs and the child's identity needs.

### **Health**

A number of health issues were reported by parents particularly in relation to babies. A number of babies were born prematurely and spent time in intensive care. Sally described how her daughter was born prematurely and then had a number of health issues as a baby:

*"She'd stopped growing, yeah, um 'cos I had the same problem with [her sister] when she was um, when I was carrying her, she stopped growing at a certain age and she's had a lot of problems since then. Um, N was actually born 5 weeks premature um due to a placenta praevia, um so I had quite a few problems."*

For Sally, these complications continued as her daughter continued to experience health issues once she returned home, this is explored below. Lucy also gave birth to her son prematurely, but she attributed this to going through care proceedings for his siblings: "had [my son] 9 weeks early, probably due to stress I should imagine." Maggie also described how the removal of her son after birth added to the trauma of giving birth prematurely in Chapter 6. Pregnancies were therefore viewed as additionally challenging and traumatic for parents who were fearful that their child may be removed at birth.

A number of mothers and one birth father reported ongoing health problems with their babies, including eczema, reflux and developmental delays. A number of babies were admitted to hospital due to health concerns and were removed by children's services from the hospital. Melissa spoke about her shock at this removal:

*"He was admitted to the hospital for his eczema issues and then I thought they were genuinely trying to help me, but obviously when I eventually got the, the paperwork then I realised that that they, they intended to put him in foster care you know, 'cos it was at the hospital they took him off me."*

Sally, and Anthony and Claire, also had babies removed after they were admitted to hospital for health concerns. Anthony explained how his son was admitted to hospital as he was not gaining weight, "the same day he got referred to the hospital they done some tests, then it was he was diagnosed on the 10th of November with reflux, on the 12th of November he was being removed." These parents felt that they were not given a chance to parent once the health issue had been identified.

Several parents also reported severe emotional and behavioural issues for older children which were difficult for them to manage. Anthony spoke about having children with feeding problems and with global developmental delay. They described how they needed support to manage behavioural issues but "we didn't get no help". Mary also struggled with the behaviour of her son before he was removed from her care, stating that he went 'doolalley' and "he turned against his sisters, they couldn't be in the same room together without fighting".

For birth parents, therefore, managing a child's physical and emotional health needs was difficult to manage, particularly whilst dealing with children's services. Parents reported feeling unsupported in meeting their children's needs. These findings are significant as they demonstrate how parental influence is limited once a child is in the care system, which would influence birth parents ability to develop and form attachments with their children.

### ***Identity***

One key aspect of identity that was repeatedly raised by birth parents was that of sibling relationships. As stated earlier, 12 parents had more than one child. Many of the children were placed separately, in complex living arrangements. Lucy had 10 children, her eldest and youngest lived at home with her, several children were in long-term foster care, one was in kinship care and several were adopted. Birth parents felt that the needs of different children were not balanced. Sally was able to recognise the complexity of this situation but felt that her older children missed out on contact with their adopted siblings:



*"They shouldn't be taking it out on the siblings, even if the parents have to suffer for 18 years they shouldn't be taking it out on the younger siblings, um, 'cos [older sibling] is always asking me about [adopted siblings] um but naturally they have to take the feelings of the um children that are being adopted into consideration."*

This view of older siblings being 'punished' was echoed by Anthony and Claire, who felt that the system is "unfair on children who are left at home and in long-term foster care". Younger siblings who were not adopted were also an issue, as birth parents had to decide the right way to inform the adopted child about their sibling.

Whilst ethnicity was not raised in terms of adopters, as 14 out of the 15 participants were White British, it was raised as an issue in terms of some of the children. Melissa was British Asian and a Christian, and she stated that her son's ethnic and religious needs were not taken into account:

*"They chose him to have a Muslim foster carer for example, um totally different religious views to what I had. I felt I should have been consulted, fair enough you wanna put him in foster care but ask me what type of foster care I would like in terms of you know ethnicity, in terms of religious beliefs."*

Shannon spoke about how her daughter's adoptive mother was black, and she was made to feel uncomfortable as the social worker chose to talk about that during her final goodbye contact:

*"The social worker actually said um, ah what colour's your new mummy and [my daughter] just kind of looked at me, and she was like mummy you're only sat here, mummy's white, and then the social worker said it again. I don't know why she did that."*

Shannon recognised that her daughter had some developmental needs in terms of her ethnicity, but felt that a discussion of that during her final contact was distressing, and confusing for her daughter. One participant had not told her child who her father was, until they were in foster care. This had implications for the child as her father was actually of a different ethnic origin to the man she believed her father to be. The mother spoke about her frustration with having to share this:

*"They've made me tell her that her real dad's not who her dad is, and she can't just ask the questions she wants to ask 'cos she doesn't see me all the time, so I was really cross with them about it. But they gave me no option, it was either I told her or they were gonna tell her."*

This had implications for the child in terms of her ongoing identity needs with her mother but also in terms of her relationships with her siblings.

Anthony and Claire's son was adopted by a gay couple. This raised concerns for Anthony in particular:

*"I'm not anti-gay, but he shouldn't've been adopted to the same-sex people, he shouldn't he shouldn't've been, he knows he's got a mum and he knows he's got a dad right. Is he going to grow up gay? I can't answer that question is he going to grow up gay, if he does I'll still love*

*him the same know what I mean, but it shouldn't be allowed, he shouldn't've been adopted, he was too old to be adopted."*

For Anthony, placing his son with gay adopters led to concerns about how this may affect his son's sexuality. Further work with the father was therefore needed in this situation to help him understand why this placement was in his son's best interests. These parents were also concerned as their son was seven when he was adopted and had contact with his birth parents until the time of his adoption. Whilst indirect letterbox contact was arranged they had never received any letters and were therefore concerned about how the adoption was impacting on his sense of identity.

This section suggests that birth parents were concerned in meeting the identity needs not only of their children who were adopted but other siblings in foster care or who remained living with the birth family. The findings suggest that parents understand that their children may have competing needs, and work is needed to help parents understand how these needs are managed. This is a complex issue for social workers and judges, as illustrated by Anna Gupta's reflections on a case she worked with as a CAFCASS officer about some of the complexities involved in balancing competing interests of siblings (Gupta 2010).

### **Multiple Adversities**

This section has illustrated some of the adversities faced by birth parents, both within their wider life and specifically related to their parenting. However, a key finding that has also been illustrated is that parents did not experience one adversity in isolation, but instead often had multiple issues to contend with at the same time. Lucy described how complex this situation was for her, and how difficult it was for children's services to manage:

*"When you've got an influx of so many problems, you know you've got the health, you've got my housekeeping, not brilliant, (laughs) you've got domestic violence, you've got, you know, gangs and crime... that is a great number of things to deal with in one context, and really and truthfully just by visiting once every six weeks there's no way that would've happened, um and you know, like I said they try and put you on programmes but it's all voluntary it's not forced, and when a parent is in a situation like that with so many problems the last thing they wanna do is add another one in where they gotta go and visit somewhere."*

Lucy's life was so complicated with so many issues occurring simultaneously that she was not in a position to accept the support of social services as this appeared to increase her problems rather than help to reduce them. Multiple adversities, particularly where domestic abuse is present, has a greater influence on parenting capacity than a single factor (Cleaver et al. 2011). This presents a challenge in terms of how local authorities may work with parents facing multiple adversities, whilst at the same time safeguarding the children involved.

## Parenting Under Scrutiny

Having explored the adversity faced by birth parents, this section moves on to explore parents experiences once children's services became involved, focusing on the lead up to removal and the court process.

### Lead up to removal

The consent chapter outlines some of the different routes into care. As illustrated within that chapter, some parents had a lot of involvement with children's services prior to the removal of their children into foster care, whilst for others the involvement was more limited. The reasons that birth parents had involvement with social services were varied. For a number of mothers, domestic violence was a factor. Lucy described the reasons for the initial referral to children's services:

*"I was going to school with black eyes and stuff like that, and [my daughter] was in preschool and I think that someone picked up that something wasn't right, and then the health visitor was the one who made a referral 'cos she come to the house and, you know, I was untidy and messy and what not and, and she just thought I could do with some support initially."*

Lucy has been quoted in the multiple adversities section for highlighting some of the complexities that she was facing in her life. However, initially the referral was due to domestic abuse. She went on to describe how she had ongoing input from social services for a number of years before her children were removed, alternating between her children being under child protection or child in need plans, but this involvement did not take on a big prominence in her life. Melissa and Nina also became involved initially through domestic abuse.

Maggie highlighted how social services initially became involved due to neglect:

*"With my own children, um, the social services did come into my life for a good reason, I did fail my children. Um, I left them alone whilst I went to work to collect my wages."*

Maggie was able to acknowledge her role in the removal of her children, but also highlighted the socio-economic factors of poverty and poor housing which contributed to her situation despite her requests for support in this area, discussed in the first section of this chapter.

A number of babies were removed at a young age for 'failure to thrive'. Shannon described how her daughter was removed for this reason, "the health visitor phoned them because she was saying... she wasn't really putting no weight on." Anthony and Claire described how one of their children was also admitted to hospital for 'failure to thrive'. This made them angry as they later found out that the baby had reflux, which contributed to the difficulties with weight gain, but they felt that they were not given the opportunity to demonstrate that they could care for their son once a diagnosis had been made; "How can you diagnose a child with reflux on the Wednesday and take him on the

Friday? 'Cos you're not giving the child, the family, the parents the opportunity to prove they can meet that child's needs."

Other parents had ongoing mental health problems which contributed to their initial involvement. Diane described how she cared for her baby at home, but social services became involved shortly afterwards due to her own mental health problems: "Social services became involved again when she was , I think it was, obviously because I wasn't well; to, to finally losing [my daughter] I was diagnosed with borderline personality disorder by the psychiatrists."

For the most part, even where birth parents initially asked for support from social services (such as Maggie asking for money for food, and Claire and Anthony referring themselves in order to request a house move), parents appeared to resent social work intervention. There appears to be a mismatch between some of the problems that parents identified as contributing to their stress and parenting capacity, including housing, finances and the practicalities of parenting whilst single or caring for young children in close succession, and social services' reason for involvement.

However, Katie had a different perspective about social work involvement. She explained how social services became involved initially during the pregnancy of her first child due to her domestic violence. However, she went on to explain:

*"I wanted them involved anyway, I would've asked for them because obviously I had mental health problems and I wanted the help. I asked, I did actually agree to the help, I actually asked when I went to hospital when I went to go and see them for the first time I asked if I could have social workers help because of the age I was and I didn't know how to be a mother."*

Katie acknowledged her difficulties in parenting and recognised that although her children were later adopted, she relied on social services for support. However, Katie also had a very positive relationship with her social worker and acknowledged that she had been offered a range of support which she had not taken up.

### ***Accused of abuse***

One theme that was identified in the data was that of abuse. Birth parents spoke about being accused of abuse, and about how these accusations were either false or perpetrated by another person (often the birth father).

Being accused of neglect was slightly different, however, with parents being willing to acknowledge some level of neglect. Neglect could be linked to a range of factors. For Katie it was centred around her own mental health issues: "they said um they were scared for me to have the baby because they

thought I might neglect them, since I was neglecting myself they said they thought I might've neglected the baby". Maggie described how she:

*"...failed my children, my elder children, when I left them alone you know, and the house was appalling. I aint gonna lie, we'd just moved in, everything was still packed the house was appalling. Yes, I failed that way but by god never ever physically sexually or violently or verbally did I ever abuse my children."*

Maggie was therefore able to acknowledge where she had neglected her children. However, she appeared to take it less seriously than other forms of abuse and did not appear to understand the significance of it. This may be due to an association with difficult socio-economic circumstances, as Maggie had already approached children's services to ask for support. This view was common to a number of parents and suggests that work needs to be undertaken with parents of children at risk of neglect, to educate them about the risk and effects of neglect. In addition, early help for parents seeking support for issues surrounding neglect may be beneficial in terms of mitigating the risks and also establishing a more positive working relationship with birth parents.

Three birth mothers were accused of sexually abusing their children. Maggie described how she was accused of sexual abuse whilst her children were in foster care, and a fact finding hearing supported this finding despite police dropping the charges. Her children went on to be adopted, and her youngest son is now in foster care going through contested proceedings due to this historical accusation. She spoke about the powerlessness she felt trying to overcome those accusations:

*"How can I put an accusation right? It wasn't a crime, at least with a crime you know you have the rights to appeal, you have, you need solid evidence and you have the rights to appeal, you have the rights to a fair trial. With an opinion, a judgement, there's no there's no going, you can't change it I can't change somebodies opinion ... I know I have never ever hurt a child in that way, never would, never could do, but they won't because I'm not a convict, but I'm not a convict because I never committed you know, so I'm stuck."*

For other parents, accusations were made but it is unclear whether they were investigated, or in some instances who made those accusations. Sally described an incident where she felt that she was being accused of sexual abuse during a supervised contact session with her son:

*"I was changing his nappy one time and because I was cleaning around his pelvic area and, um, I was trying to put some cream on his bottom and clean where the testicle area is one of the contact officers tried to make out I held his penis in an awkward way you know, and to me that was practically um putting me down as being an abuser of my own son, and it made me that scared after that one time when she said that I, it made me scared of even changing my own son."*

The severity or exact nature of this accusation is unclear; however it left a lasting impact for Sally. What is of note is that the three birth mothers who were accused of sexual abuse were sexually abused themselves as children.

Colin describes how, upon finding out his daughter was being adopted, he was labelled and accused of abuse within his community:

*"I got called all sorts of um, practical names, I got classed as being pervert, paedophile, I've had all sorts of names thrown at me in the past. Why haven't you got your child now? People starting to label me now, you know. It's not very easy sometimes, you get looks down the street and you got 'cos people know that I've got a daughter and that."*

For Colin, the adoption led to accusations of abuse from community members rather than social workers. However, like Sally, the accusations had a bearing on his daily life.

For some parents, allegations were made that were later dropped, but this could be a difficult time for parents. Melissa described how when her son was taken into foster care a number of allegations were made:

*"so like with [my son] there was eczema issues, there was um, stimulation lack of stimulation and there was his weight issues, what else? I'm just trying to remember now, oh routines, um, but all that got knocked off in the end."*

Likewise, for Maggie, the allegations of sexual abuse were dropped by the police. However, as she describes above, the family courts upheld these accusations and her children were still adopted. Birth parents do not appear to understand the implications of being accused of abuse and the impact that this can have even where criminal charges are not made.

It is important to note that parents also disclosed that a number of children were abused. Two babies sustained serious injuries, including fractures, and a number of children were sexually abused. Mary, who was accused of sexually abusing her son, describes the shock she felt when she found out that it was her partner; "when I had my daughter I got sectioned for 2 weeks in a secure unit and they left the children with my partner for 2 and a half weeks while I was in the secure unit, and that's when he had been sexually abused". She found out that her partner was a convicted sex offender whilst they were going through proceedings, and described how the judge "turned round and said he was really sorry how it come out like that the way it did because even he thought I would've known, 'cos social services should've told me".

Diane described how she was charged with common assault against her daughter for it to later emerge that it was her partner:

*“They found out it wasn't me it was him... I got charged, I got 12 months' probation for it and I only did the three months out the 12 months when they found out it wasn't me, see what I mean, that hurts, knowing it wasn't me then to find out the truth it was him.”*

Similarly, Jane described how her partner injured her baby and she was also arrested until he was charged. For these birth mothers, the abuse perpetrated by the fathers came as a shock. It highlights the mothers' vulnerability in these situations and inability to see that the risk was posed by the fathers in these circumstances.

### ***'Risk'***

As highlighted above, a number of birth fathers posed a risk to children in terms of sexual and physical abuse, and domestic abuse. A number of birth mothers also described how they were viewed as a risk to their children by social services. However, parents either were of the opinion that they were not a risk, or did not understand the concept. Sally stated that she did not understand the risk she posed, and yet she was able to describe in detail why she was viewed as a risk by social workers:

*“They won't really give me the proper reasons and full explanation of the risk that they think I pose, apart from, as I said, I think it's just the fact that strange, the fact that strangers and stuff um in view of the situation of my own sexual abuse I suffered from family members, and um we've had the same things over and over again, where they're saying my mum failed to protect me um and because of the fact that my mum failed to protect me from abuse, even though she didn't know it was going on, that she failed me so that was the reason why they don't think I'd be able to protect my own children, because I wasn't protected either. So that's my personal view of so why, why they think I'm a risk, but I don't know the full ins and outs of what they think, you know, why they're saying to this day I'm still classed as a risk.”*

Sally outlined a number of reasons why she was viewed as a 'risk' to children including allowing strangers into the house, her own sexual abuse and experience of being parented, and social workers' concerns that she would not be able to protect her children. However, whilst able to repeat these concerns her comments strongly suggest that she does not understand them, again leading to miscommunication and misunderstanding between birth parents and social workers.

### **The court process**

Parents' accounts of their children being removed from their care is discussed in the following chapter, so has not been explored here. This section highlights parents' perceptions of the court process leading to the adoption of their children.

#### ***Parents' perceptions of court***

Attending court was important for parents, and is discussed in the section on 'fighting back' in the next chapter. Parents' descriptions of attending court could come across as vague, with many suggesting that their memory of court was “just a blur” (Nina) and that they had difficulty

remembering (Katie and Nina). Parents appeared traumatised by the experience, stating that they were an “emotional wreck” (Nina), and that the experience was “traumatic” (Melissa).

Parents also found the practicalities of attending court challenging, balancing dates at court with meetings, contact with their children and meeting their own needs. Lucy described her experiences:

*“I had to go to court, solicitors, bloody meetings all the time for the court case, go through statements every statement that anyone wrote you have to go through, I mean I if I’m honest I spent a lot of time doing homework at home in the evenings ... I had to go and ask my neighbours and friends to write me references, character reference, stuff like that, and then I was put on parent courses.”*

Physically attending court could be stressful for parents as well, as they would attend but were often kept waiting outside whilst solicitors and social services were making decisions:

*“You could be sitting outside for 4 hours waiting to go and see the judge because social services have changed their mind, they’re not going to do this now, they’re not going to do that. And the judge, the judges just want everything sorted out so they can rubberstamp it when it goes into court.”*  
(Anthony)

On top of attending court, parents were maintaining contact and often undertaking assessments at a time when they were under extreme distress. Lucy felt that this was detrimental:

*“I don’t think I was in the right place to do them assessments at that time, and I don’t think a lot of parents are. I think that it’s forced, it’s rushed, it’s, you’re put in a position where there is no choice, because everything’s done on the child’s timeframe. And I, I was diagnosed with post traumatic distress, I don’t know how these people thought I was ever going to be able to sit in these assessments and really fully commit what, when I was in, when I was in that state (laughs).”*

Lucy’s distress led to difficulty in completing the assessments that she was required to undertake.

Court was additionally challenging for Colin, as a birth father, as he did not have parental responsibility for his daughter and had to undertake a DNA test in order to become part of proceedings. (See the section on birth fathers and parental responsibility in Chapter 6 for a wider discussion.)

### **Assessments**

Birth parents spoke a lot about the assessments that they had to undertake during the court process. A number of different types of assessment were undertaken including assessments of practical parenting assessments, psychological assessments and kinship assessments of extended family members. Many parents had multiple assessments during the court process:



*"I had 2 psychological assessments done by er, to see what my IQ was, to see what my um interaction with my children was, to see how I parented, um, ones between the children were done between their relationships between each other...." (Lucy).*

Nina felt that she was not assessed fairly, as she had been in care herself and felt that this impacted her ability to pass the assessment, "they knew I was gonna fail it, I knew I was gonna fail it, 'cos I didn't know nothing about it because I didn't pick it up from my mum". Nina wanted support but felt that this was not offered. Several parents were offered residential assessments, either in a unit or in a mother and baby foster placement. Shannon spoke about her struggles with the residential unit:

*"It wasn't natural, 'cos naturally if you, if you needed to needed to change your babies nappy you'd just do it, where there 'cos you're observed for everything you'd have to go and get a member of staff and say oh I need to change the baby's nappy, and then if they were busy you'd have to wait for them to finish before you could change the baby's nappy, so it was, it was just weird, it just wasn't realistic."*

For Shannon, this residential placement was doubly traumatic as it took place some time after her daughter had been placed in foster care, so she went through the trauma of losing her daughter for a second time when she failed the assessment. Her experience of a mother and baby foster placement once her son was born a number of years later was much more positive.

Katie was offered a mother and baby placement, but declined to take this up. However, a number of birth mothers requested residential assessments but these were refused. Sally was informed that this was due to funding. Other parents were not given a reason but their requests were not granted, and both Maggie and Melissa were refused residential assessments. Maggie felt in her case that this was due to a plan for adoption for her youngest son, stating that "it seems they have the view of adoption from the outset with new-born babies". Like Nina, Maggie felt that her assessments were not fair and an outcome of adoption was made without full assessments.

Several parents had family members who undertook viability assessments for kinship care. Melissa described how her sister failed this assessment as she worked, and felt that she should have challenged this "'cos she's working and she's got kids doesn't mean you can't take the child and keep the child within the family."

Many parents felt that they were not given a proper assessment, or the assessments twisted what they were saying and were used against them. Jane stated how she had a difficult relationship with the social worker and she felt that "from day one she decided that [my daughter] weren't coming home". For other parents, the assessments had a negative impact on their relationships with wider family members:

*"They ruined mine and my mum's relationship in a lot of ways, because in the assessments they asked me questions about my childhood which I thought I'd answered in a normal way, but their interpretation of it was that she emotionally neglected me 'cos she didn't give me a cuddle (laughs) 'cos she wasn't cuddly you know, and, and so that upset her." (Lucy)*

Lucy disagreed what the assessment said about her. This feeling was also echoed by Maggie, who felt that the assessment was not an accurate representation of her childhood experiences, instead "it was just I'd had this horrible childhood you know, none of the positives".

Parents also found the assessment process distressing with Colin describing his assessment as a traumatic experience: "it just ripped you to pieces with, it was just like an interrogation." This trauma was compounded for some parents by a lack of understanding about the assessment process or what the assessment was trying to achieve, with psychological assessments being confusing for parents:

*"It was just like ok like little puzzles you know, like how you have little kids puzzles and you have to rearrange the pieces to make the picture properly, like things like that, and it was just like I don't know, I don't know why I had to do that." (Shannon)*

This has implications for social workers and solicitors in terms of explaining the purpose of assessments and what they are trying to achieve, as this may give parents greater motivation to complete them.

### **Delay**

Parents spoke about the length of time proceedings took, which were often affected by delay. This could be for a variety of reasons including changes of social workers, delay in submitting reports, and new assessments:

*"We kept getting a court date then it would get adjourned, adjourned, adjourned. It kept getting adjourned all the time, that's why the courts went on for so long that's why it went on for as long as what it did." (Nina)*

However, for several parents, they felt that a reduction in delay would have a negative effect on birth parents' ability to fight for their children:

*"It's even quicker now, which I think is wrong and unfair because they don't get chance to hear everything. So to me I think it's speeding up and its forcing parties on both sides now to react faster ... so if a piece of information doesn't get in or you miss an appointment right that makes it even more vulnerable to the people who are trying to deal and get their children back." (Colin)*

For this birth father, a reduction in the length of proceedings would lead to challenges for birth parents. This view was also echoed by Lucy, who used a diagram (figure 6) to illustrate how a reduction in delay would make it difficult for parents to meet the needs of their children:

The caption at the top reads “time lines don’t meet each other for parent and child to be united”. Here she describes why this timeline will not work:

*“So you got like their timeframe, yeah, and like how it worked for me was obviously this bit didn’t really matter down the bottom this was just all my assessments and*

**Figure 6 Source: Lucy**

*everything that needed to be done what within the court case timeframe. But this is the children’s... and this is mine yeah, so this is me mine this is children these are local authorities work plans, bearing in mind yeah all the kids like all the kid’s stuff is done because they put it in place, all the things I have to do I have to find myself. So the kids are moving up moving up key-stages because local authorities are putting things in place in the schools like, and extra £500 a term for a one to one assistant for their learning needs, but my kids at home are not allowed that because they’re with me.... and then like for the courses they want me to do every single one of them is more than 26 weeks, there is not one parent course or therapy course or anything that you will find for a parent that is going to be under 20 weeks at all.”*

These findings suggest that there is a mismatch between social work perceptions of when work should be undertaken with families, perhaps at a child in need or child protection stage before court, and when parents come to the realisation that the situation is serious and want to try to keep their child in their care.

### **Adversity Exacerbated**

Similar to Schofield et al. (2011), the findings suggest that parents’ adversity was exacerbated once their children were removed into foster care. Lucy and Colin suggested that their mental health was adversely affected by proceedings. Jane reflected that she became an alcoholic after the adoption of her eldest daughter. For other parents, existing problems became worse. Diane was sectioned after her final contact with her daughter, Mary described an increase in her alcohol use. Here she

describes how she felt at the end of the court case, knowing that she was pregnant with another child who would also be adopted:

*"I went and brought a bottle of vodka and I sat on the court steps and just got absolutely legless and cried, 'cos it was like oh my god can't believe I'm at the end of the court case. But I just got, that's when the alcohol, the alcohol and just getting off my face, I was getting. I was getting raped I was getting sold ...but because I was so far off my face it was like I don't care, I don't care, and when social services come round I was like, I know for a fact this one's going for adoption."*

Social work intervention in many cases therefore exacerbated the adversity experienced by parents, and for many there was a sense of giving up. For other parents, the intervention made an impact on their social and economic wellbeing. Lucy spoke about how she was no longer able to work due to being convicted of child cruelty: "I can't get a job now, all my jobs were vocational, all my qualifications were vocational ones for caring you know, and for child care, elderly, vulnerable people." For other parents, time constraints restricted their ability to work. Anthony described how he is unable to work because "I'm not allowed to, I'm [my daughter's] main carer. I have to constantly be with the baby I'm not allowed to leave Claire no longer than three and a half hours with my daughter." For Maggie, the practicalities of court and duration of proceedings have hindered her ability to work despite her desire to work:

*"It's not like I can look to go to work yet, because of the contact three times a week, I'm at counselling in a on one day a week and social services the assessments etcetera I, I, there just ain't enough hours in the day like, else I would be at work now, um, just so I could make things financially more stable and better for me."*

Maggie is currently in contested proceedings to have her son returned to her care and recognises the need to provide financial stability for her child, but is unable to do this due to the care proceedings. In this situation therefore the process itself is leaving the parent less likely to meet her child's needs in terms of housing, finances and employment. These findings therefore reflect previous research which suggests that birth parents have a range of problems, and that these problems may increase in severity due to the trauma parents experience when their children enter the care system (Neil et. al. 2010, Charlton et. al. 1998, Schofield et. al. 1998).

Parents also reported that social services involvement could hinder their ability to bond with their children, thus contributing to an exacerbation of difficulties with their parenting capacity.

Sometimes contact resources were lacking which could cause difficulties:

*"The carpet was dirty even though I'd have to sweep it ,um, it wasn't really stimulating, I used to bring posters for [my son] like recreate the space, and then the toys that they had needed like, to be like, sorted out so I again sourced my own toys and resources, and then they'd upgrade their stuff." (Melissa)*

For other parents, it was the impact of the move into foster care which affected their relationship with their children. Lucy described managing sibling contact as:

*“Really difficult; it wasn’t so much being with them, it was the fact that they had been separated, the fact you’ve got contact workers there standing over you writing everything. The kids really didn’t like that, and I think kids react to things like that you know, sometimes they’ll play up but as time went on they started resenting one another as well you know, and picking on each other fighting, and because they adapted to the environments they were in and then all of a sudden you’re throwing them all back together and, an it’s all like you know a bit hostile, and then it became chaotic for me to have to manage for two and a half hours.”*

Lucy felt that managing joint sibling contact after the children had been placed in separate placements impacted both her ability to manage contact and also caused tension between siblings. Despite the difficulties of contact, however, some parents were determined to maintain a bond with their children. Maggie described the efforts she went to with her youngest son who was removed at birth:

*“I still made sure I was there, I still made sure he heard my voice, and at every opportunity I still made sure he got my scent as well. Um, I mean in um the night before I ... gave birth to him like I slept with the blanket and just so he’d have at least my scent on him. I’d have done that for home anyway but like obviously because he got um took um, he got to keep the blanket with him like er and I made sure that no-one allowed to touch it and on contact every time I went I’d cuddle that blanket like mad just so that blanket could be put back with him so he’d get my scent um, and as soon as I’d could um pick him up etcetera I made sure that I did, and even now I make sure that I’m hands on as much as possible with him I’m, um, constantly cuddling and kissing him and that because I am not ever fearing to cuddle my own child again ever.”*

This was a stark contrast to her third child, who was removed at birth after she was accused of sexually abusing her two elder children. Due to these accusations, she describes how she was “too scared to pick the child up” and how this had an adverse effect on their relationship.

### ***Lack of support***

Parents highlighted the lack of support they received from social services once their child had been removed and they had entered care proceedings. At this point, assessments appeared to focus on whether or not the parents could care for their children rather than trying to support a parent to make the changes that were needed for them to be able to have the children returned to their care. This is significant for social work practice for several reasons. Firstly, as highlighted by the quote by Lucy in Multiple Adversities, prior to removal parents had so many complex factors going on in their lives that they were often unable to appreciate or accept support or input from children’s services. Secondly, this section illustrates how parents’ own adversities were exacerbated once their children were removed, at a time when any support they were receiving from children’s services stopped. This is supported by recent findings outlined in the BASW Adoption Enquiry which suggests that

there needs to be a better balance between supporting and assessing parents (Featherstone et al. 2018).

## **Mothering**

For many birth mothers, the experience of parenting under scrutiny and having a child adopted led to them questioning what it meant to be a mother. There was a sense of loss, which parents described in terms of missing out on mothering:

*“There's times when I think, well am I really a mum? Because, um, even though I've given birth to those children and they're not with me, um I want to be feeling that those, um I could've looked after my children and watched them growing up and doing the things that everyday a mother should do with her child.” (Sally)*

This sense of missing out was often linked to receiving letterbox contact from adopters and hearing about milestones and day-to-day activities in the child's life. Nina felt that “they're doing all these things that I should be doing with him, like his school, nursery, holidays, it's things that I should be doing”. Similarly, Diane commented that missing out was difficult; “it's things that she's getting up to in school, and what hurts me is it should be me doing it not them”. The birth mothers felt that it is the everyday act of caring for their children that contributes to their feelings of being a mother, and without those experiences they appear uncertain in their role.

For these mothers, the hope that one day their child will trace them and they can tell their side of the story is very important. Melissa described how she created a life story book for her son which she hopes to share with him in the future:

*“Through the photos I've tried to create my own life story, um so when I send him photos he can make sense through the photos like a photo diary, and when I, if I eventually do meet him I can show him the photos to say this was the time when I was in a refuge, this was the time when you're in the hospital because of the eczema issue you know, this was my sister that visited you this was your dad these are the people that attended you when attended the hospital when you were born you know those sort of things... what I did try to fight for you, you know, so he'll realise or hope that I wasn't a bad mother and I did love him and I still care about him you know, and I did make the wrong decision of staying with the dad and I should've left him so that you could be with me you know....”*

Melissa felt that it was important to be able to tell her side of the story to her son. Shelley felt that she was labelled as a 'bad' mother when her son was adopted, and that as a result social services failed to recognise that she was an 'ill' mother due to the physical illness she had. The imagery of 'bad' and 'good' mothers, echoed by a number of birth mothers, is significant in terms of how the birth mothers may have internalised traditional societal expectations of mothering. These feelings may have been exacerbated by a social work focus on attachment theory and the relationship

between mother and child, whilst failing to acknowledge the ambivalence and complexity inherent in mothering (Frost and Rodriguez 2015, Featherstone 1997).

The questions asked by birth mothers about their own mothering was also echoed by Anthony, a birth father:

*"It's quite sad when you have to lose three children to realise that you made mistakes. No-one likes being criticised as a parent, no-one, but I don't think of myself I just think of my children. Yeah, I was a crap parent, I deserved to lose my children, but not now."*

For Anthony, it took the loss of some of his children to realise that he made mistakes and needed to change. However, unlike the mothers, who needed to believe that they were 'good', Anthony was able to state that he was 'crap' at being a parent. This may link to the different status that fatherhood and motherhood are attributed within society, with motherhood being viewed as integral to being a woman, whilst fatherhood is seen as having a greater emotional distance between father and child (Dominelli 2009, Frosh 1997).

## **Summary**

The life story approach has facilitated the research conversation and contributed to the generation of new knowledge outlined in this chapter. It has served as a tool to highlight what birth parents view as significant within their lives, both before, during and after the adoption process.

Both this chapter and the previous chapter have shown a number of key findings relating to birth parents lives and their experiences of the adoption process. This chapter has highlighted the difficult and complex circumstances birth parents experienced prior to their children being adopted, and shown how these difficulties were often exacerbated during the court process. The purpose of this thesis was to explore birth parents' experiences of adoption, including their perceptions of consent within the adoption process. The next chapter outlines key findings in relation to consent. This chapter has started to raise issues that are relevant to consent. How does parenting under adversity impact parents' ability to consent within adoption? How does the mismatch in communication between social workers and birth parents, and birth parents trauma throughout the adoption process, impact on their ability to consent within adoption? These areas are explored more fully within the next chapter.

## **Chapter 6: Birth parents' understanding of "consent" within the adoption process**

*"I really felt like everything had just been taken out my hands, I was just a person sat there listening to a load of other people making decisions about my children, my life, what was gonna happen."*

(Lucy)

This thesis aims to explore birth parents experiences of adoption, and discern their understanding of consent within adoption. The first step in addressing this aim was covered in the previous two chapters, which outlined the findings in relation to birth parents experiences of adoption. The chapters highlighted the complex and unique experiences of each participant, whilst also raising a number of common themes. The previous chapter illustrated the complex adverse experiences that birth parents encountered in their day-to-day lives, and how these were often exacerbated through the adoption process.

This chapter goes on to consider findings in relation to the second part of the research aim, by addressing birth parents understanding of consent within care proceedings and leading to adoption, including parents experiences of consenting to or contesting adoption. The review of literature illustrated that, in law, all adoptions from care are viewed as non-consensual, and birth parent consent is dispensed with when a placement order is granted. However, research suggests that parents' lived experiences may be more complex and nuanced (Charlton et al 1998, Schofield et al 2011). The findings presented within this chapter confirm this assertion and explore some of the complexities around the issue of parental consent in adoption. The findings are presented under three main themes: consent is not a fixed process; powerlessness; and fighting back. Within these, questions of structure and agency are considered in the light of findings from the previous chapter. This therefore addresses the research question about how birth parents' experiences of adoption contribute to their understanding of consent within the adoption process.

### **Consent is (primarily) not a fixed process**

Parents' understanding of consent within the adoption process was discussed predominantly in relation to two main incidents that led to the adoption; firstly the moment the child entered the care of the local authority, and secondly the moment that the adoption was finally agreed in court.



In terms of entry to care, two main themes were identified: forced removal of the child, and parental agreement for the child to go into foster care. These themes were polarised in nature and fairly discrete although there was some ambiguity.

At the stage adoption was confirmed (usually the placement order stage, although this is not always clear from the accounts) three subthemes were identified: consenting to adoption, persuaded to adopt, and forced adoption. Whilst the categories themselves were fairly specific, parents' accounts were often contradictory and messy and at different times could veer into different categories, thus leading to the above finding that parents' understanding of consent is that it is not a fixed process. However, there were four birth parents, who viewed adoption as 'forced adoption', whose views remained consistent throughout with regards to consent.

### **Agreed for child to be placed in care**

The two themes of agreeing for a child to be placed in care and forced entry to care were fairly discrete. However, the findings indicate some discrepancy between the legal definition of agreement for a child to be placed in care (The Children Act 1989 s.20) and parents' experience of this.

### ***Temporary foster care***

For many parents, entry to care was when social services really began to be prominent within their lives, even if they had been involved beforehand (see 'lead up to removal' in Chapter 5). However, for several parents, their children had experienced periods of foster care prior to the time they went into care that led to adoption. Shelley had two children that first went into care as she needed an operation and had nobody to care for her children. They remained in care for a long time, and she relinquished her daughter for adoption during this time, but her son returned to her care before he was removed again at a later date. Sally's older children had periods of 'respite' care before going into foster care full time.

### ***Section 20***

A number of parents agreed for their children to be accommodated under The Children Act (1989 s.20). There was misunderstanding around the use of section 20, however. Shelley did not realise that she could ask for her children to return to her care, "I never ever was told by the social worker are you actually gonna take 'em full time back home, I didn't know I was allowed to do that, I thought that they'd gotta stay there." Whilst she agreed to her children being accommodated she did not know that the children were legally able to return to her care. Conversely, many parents

agreed to section 20 because they believed it was temporary, and that the children would be returning to their care:

*“The plan was short term foster care, and I signed a section 20 um, because the agreement was you know, they was gonna stay in care whilst I found a better property in a better area, um and I'd sorted myself out mentally.” (Maggie)*

Shannon explained how she signed section 20 agreeing to the accommodation of her eldest daughter “kind of under false pretences really, ‘cos at that time I thought it would be 6 weeks, ok I can sort myself out.” However, in practice her consent was also limited as she was told by social workers that “I could either sign the papers and do it under a section 20, which was like voluntary care, or they'd go and get a court order”. This misuse of section 20 has come under scrutiny in a recent judgement, in which it is suggested that a parent is not giving informed consent if they feel compelled to agree (*Re N* 2015: 167). This use of section 20 had repercussions when she was asked to sign section 20 agreements when she was placed in a mother and baby foster placement after the birth of her son:

*“Yeah just hearing that section again, it was just like they're making me sign this they're gonna take him and I wasn't going to sign it, I wasn't going to sign it at first. Then we had to then when I was explained properly is that yes, he is with us and kind of in care but you're doing it all you're with him you're looking after him, (laughs) so I was fine once I was ok once it had been explained properly, but I did know that there was a chance that do you know what, if you do something drastically wrong they're taking him.”*

Shannon passed the mother and baby assessment and her son was returned to her care. However, for Maggie, her rights under section 20 changed very quickly, and without her knowledge, after an allegation was made once her children were in care:

*“I thought I were doing what was right to get the kids back, and then I was told when um when the accusations come into place and I was stopped seeing my children that's when I was first made aware that actually I didn't have no say over my kids anymore and I was like, ‘cos I was saying you can't stop me seeing my kids I still I have rights to see my kids blah blah blah, they're on a section 20 order rah rah rah, and they was like no they're not we've got we've got a um interim care order blah blah blah, but I'm still not sure how or when... that hearing took place see”*

These findings therefore suggest that parents did not fully understand what they were agreeing to if they signed a section 20 agreement, raising the question of the appropriateness of using section 20 as a precursor to adoption. The recent guidelines into the use of section 20 in *Re N* (2015) highlighted a number of concerns about the use of section 20 prior to care proceedings including the failure of the Local Authority to obtain informed consent from the parents and including ensuring that the parent had capacity to consent. The examples demonstrate these concerns in practice, as Shannon's capacity to consent could be questioned given that the alternative was court, and her

consent could not be defined as 'informed' as she only consented on the understanding that her daughter would be returned to her care.

### ***Ambiguous entry to care***

Whilst in the instances above entry to care was clearly voluntary, from a legal perspective if not entirely the parents' understanding, several parents described their child's entry to care in a much more ambiguous manner. Sally had 10 children, 6 of whom were adopted. She had support packages at various times, and her children had several periods of respite foster care but there is uncertainty as to whether this was with or without her consent:

*"When [my daughter] was born um, [her siblings] had gone into temporary foster care just for the weekend to give me a break, um but then I'd actually gone to court and applied for them to come back to me on the Friday and there was a big argument, because they argued, they said no no you agreed with the social worker for them to be returned on the Monday."*

Sally described the foster care as a temporary arrangement; however the case was being heard in court. Katie described a similar ambiguous entry to care. An incident occurred where her eldest daughter got hurt and social services became involved, and she stated that "she got took off me but I agreed, I actually said to social services look you need to take her, I can't cope". This comment suggests that her daughter would have been accommodated with or without her consent, but that Katie agreed with this decision.

Melissa also agreed for her son to be accommodated, but this was on the advice of her solicitor suggesting that proceedings were underway, so again it is not clear whether that was under a court order:

*"In terms of him going to foster care she actually said to me it's only a two to three week arrangement and I said ok and she said after that you'll get your kid back. So on that basis, and obviously she knows more than me, I trusted her so I just let them get on with it, and now when I look back and I said it to the solicitor I wish I never agreed at that point, because you know that wasn't the case, he wasn't there for two to three weeks you know."*

This ambiguity upon entry to care that Melissa and Katie experienced supports previous research which found that upon entry to care, parents were unclear as to whether this was a temporary or permanent arrangement and sometimes appeared to be a 'negotiated' arrangement rather than being either compulsory or voluntary (Schofield et. al. 2011:82), and similar to the section on section 20 above, questions parents' ability to give informed consent in these circumstances. This may also reflect social worker decision making, as social workers may be unclear about their preferred outcomes for a child when the child first enters care (Hill et. al. 1992).

## **Forced entry to care**

For many parents, their child was accommodated without their consent. This was described by parents as an experience that was traumatic for both them and their children.

### ***From hospital***

Removal of new-born babies was described in traumatic terms by birth mothers, with descriptions of babies being 'ripped' and 'snatched' from them at the hospital. Maggie had two children adopted a number of years ago, and then described the traumatic experience of having her son removed after a difficult birth despite fighting to keep him in her care:

*"For them to have [my son], my baby, take him at birth despite him being 2 pound 4 ounces. I had to go in for an emergency caes c section, originally I'd gone in for induction, um, I was still being told at the time in my hospital bed by my solicitor at that time they cannot take him, (sigh) his heart rate dropped after the first pessary, um, so I had um I had to have an emergency c section, when I come round obviously my baby wasn't there."*

This experience of removal from birth was perceived by the mother as negatively impacting her likelihood of regaining care for her son, "he was ripped away from me at birth and that you know, that sets the stone then because you have the issue of, well he's already been in care for so long".

For some birth mothers, the trauma of the experience meant that they ended up leaving the hospital prematurely. Katie described how she left the hospital after her daughter was removed; "the hospital took her and they ended up discharging me I just wanted to get out of hospital I didn't want to be in hospital if she's there and I weren't allowed to see her". This had a negative impact for Katie.

Two parents spoke about how they were prevented from breastfeeding their babies because they would be going into foster care. Maggie described how she "wasn't allowed to breastfeed him, I wasn't allowed to touch him I wasn't allowed, they tret [sic] me like a monster." Melissa, who had a baby who was admitted to hospital for concerns around eczema and was removed from the hospital, spoke about how "with [my son] I used to breastfeed him, then they forced me to stop because the social worker knew that he was gonna be put in foster care". Sally's children were taken into foster care straight from the hospital but she continued to try and breastfeed during contact, which led to difficulties:

*"When they first went into foster care at my very first contact I was breastfeeding still, which was hard because they had, even though they went from the hospital they went 12 days old to foster care, um, I was still breastfeeding and I used to still feed them on the contacts, which [the foster carer] had made a bottle 'cos she didn't know I was breastfeeding, um, and that was the hardest thing because I thought, well for me I wanted to be able to feed my own baby."*

Whilst Sally was not prevented from breastfeeding, there appeared to be some communication issues and difficulties in how this was managed. However, Katie had a different experience, as she was encouraged to breastfeed by the staff at the hospital:

*“I did have past drug and alcohol issues and it was heroin. I used it for a month and they said it would've been better if I breastfed him, 'cos he would've been getting the methadone what I were using.”*

Kelly stopped breastfeeding after she found the experience distressing, “‘cos I were getting too upset when I given him it, thinking I can't really carry this on when I'm not there.” Mothers therefore had different views around breastfeeding their children and this requires treating with sensitivity. There is limited information about breastfeeding children in care. However, one recent study which looked at two case studies found that breastfeeding was pathologised by child protection professionals and in both cases social services asked the mothers to stop breastfeeding once their child entered foster care (Gribble and Gallagher 2014). The study recommends that Local Authorities should have policies in place around breastfeeding and argues that denial of breastfeeding contravenes the rights of the child (Gribble and Gallagher 2014). Whilst the case study cannot be generalised, this research illustrates similar issues and suggests that it is an area for future research.

### ***From Home***

Birth parents who had children removed from home also described the trauma of this experience, both in relation to themselves and their children. Mary describes how she asked her children to go and hide when she received a knock on the door from social services:

*“The door went so I said to [my son] there's a load of people outside, do me a favour and take [your sister] upstairs I said, and I'll have [the baby] downstairs. I said go and lock yourself in the bedroom until Mummy says it's safe I said, 'cos mummy don't know who all these are I said, so mummy don't want you to see any trouble so go and hide. So [my son] took [her] er [his sister] upstairs, went and sat in the bedroom with him and Sa, opened the door and social services are there with the police and everything else, so it was like you've come to take the kids aint ya.”*

This trauma was exacerbated by police involvement. Lucy's description of the removal of her children by social services and the police was also traumatic:

*“The police turned up and knocked the door.... I went really, like frowned, like what you here for then, we're here for your kids and I went what, he went we're here to take the children, and I was like what are you on about, and they went the house is not acceptable for them to live in and I was like (pause) oh right ok, and looked round at how many police were there and then see a duty social worker with them and thought oh my god, and then I just went hysterical. “*

Lucy conveys this incident as traumatic for her and the children, with everybody being taken to the police station and the house being cordoned off “with blue tape like a murder had gone on” and neighbours and family members watching what was going on.

Birth parents’ experiences of their child’s entry to care raises several key points. Entry to care was in the main non-consensual, and where parents did consent it was either coerced or because they understood it to be a temporary arrangement as opposed to leading to permanent separation through adoption. This raises questions about previous assertions in research about the entry to foster care being negotiated, where a plan of adoption is later made.

### **Views of consent at time of adoption**

The above section explored birth parents’ understanding of consent at the time their child was removed from their care and accommodated by the local authority. The following section explores birth parents views of consent to adoption from care.

#### **“Consented” to adoption:**

Unlike entry to care, which the majority of birth parents viewed as non-consensual even where parents agreed to section 20 accommodation, parents views on consent at the moment of adoption were much more nuanced and complex. A number of parents described a process of “consenting” to the local authority plan of adopting their child. They justified these decisions in a number of ways. These included prioritising the child, naivety, and self-reflection, and are discussed below. The comments of the two birth fathers have been explored in a separate section, as there appeared to be gender disparity within the reasons that they gave for consenting to the adoptions.

#### ***Prioritising the child***

For some parents, consenting to adoption was important as it demonstrated their ability to prioritise the needs of their own children. Diane had mental health issues, a violent partner and her child was conceived as a result of rape. She made the decision for her daughter to be adopted as she believed this would protect her:

*“I had to, have had no choice, for her safety and my own safety as well, but for I was putting her first. I know it sounds cruel. But I had to.” (Diane)*

Whilst Diane did not view this as a choice, she nevertheless stated that she made that decision to consent to her daughter being adopted due to the circumstances she was in. Whilst she was not happy about her daughter being adopted, she made other choices throughout the process which led to adoption. It was recommended that her daughter went into a kinship placement with a family

member, however the mother turned this down as she felt that this would cause relationship difficulties within the wider family.

Several parents also spoke of adoption being inevitable, so they consented to the adoption in order to speed up the process and allow their children to settle:

*“When I was in court I said look, I don’t wanna fight for him ‘cos I’m not gonna get him, I just want him to settle since he’s poorly, and I cancelled the last two contacts.” (Katie)*

Throughout these descriptions, parents spoke about putting their children first, despite this being a difficult decision for them to make. Mary described how she reacted when her son asked her if he could be adopted during a contact session:

*“So I’m like mummy, mummy will go out now and see if we can find you a really nice mummy and daddy, I said, because you need a really nice mummy and daddy. Now with me saying it’s really nice it’s one of them, I’ve let you down completely.”*

Mary spoke about fighting for her son in court however when confronted by her son she acknowledged his wishes and feelings and recognised the difficulties she had in parenting.

### ***Unfamiliar Processes and Trusting Professionals***

Other parents consented due to a lack of understanding of how the process worked. Maggie went through two sets of care proceedings. Her two eldest children were adopted a number of years ago and she stated that she did not spend much time in the court room as her solicitor advised her to leave it in his/her hands, and she “just sort of agreed to whatever sounded agreeable”. Melissa strongly opposed the adoption, but also felt that her lack of knowledge set her on a course which she did not want to be on:

*“When you’re in court you have to make quick quick decisions, and then because they’re the professionals I was like ok, um, I trust you, I leave it in your hands, and if you say I’m gonna get him back in a couple of weeks then that’s fine.”*

In these circumstances, therefore, professionals had an input into birth parents’ decisions. This is significant, as the section on ‘fighting in other ways’ below also demonstrates.

### ***Self-reflection***

For some parents, the decision to consent to adoption was due to recognition of their own inability to parent their child. Katie was adopted herself and this adoption disrupted when she was 16. She had three children adopted in repeat care proceedings due to concerns of neglect. This mother came to a realisation that she was unable to meet the needs of her children and so consented to the adoption:

*"So I signed all I signed all three of the paperwork's, I didn't not agree, no I did agree but I didn't, but, oh, can't get it out now I'm getting all upset. I agreed to it all, so I signed it all, I agreed with everything they were saying. But at first I were thinking I wouldn't neglect my children but in a way I was 'cos I wasn't I wasn't looking after myself, so that's sort of neglecting them isn't it? If I'm not looking after myself, I'm not gonna look after a child."*

Sally also came to that place of realisation about her ability to cope with parenting her children once they were in local authority care:

*"Even though I didn't voluntarily say "here" and hand my babies over I wanted to be able to care, but because of it was the fact that I was suffering depression at the time and the relationship had failed um I was going through a rough time myself and I didn't feel I could um be there for them emotionally as well as physically, and so even though it was a hard decision I agreed at the end that, you know, it was best for them to be in a safe environment."*

Again, Sally felt that she was prioritising the child whilst also recognising that in her situation she would find it difficult to provide for her children.

Mary became pregnant whilst going through care proceedings where three of her children were adopted. Her living conditions were difficult at the time and she understood that she would not be in a position to care for the child and also did not want the child:

*"It was just like I'm pregnant I don't want it, it's gonna be adopted anyway, so it's like face, face facts don't want it, not even in a stable relationship, I'm living in and out of houses it's not suitable to have a new-born baby anyway."*

Mary could see that she was not in the right circumstances to care for a child. However, for other parents, reflection came later, after the event:

*"I wanted my kids home do you know what I mean, and it weren't until later on it was like I saw it, ok maybe it was a bit too much... maybe it will be best for the boys to be where they are" (Claire)*

For this mother, it took reflection after the event as she was not able to focus on her parenting capacity until the court process and adoption had taken place.

### **Gender disparity**

Both birth fathers fell into the category of consenting to adoption, although they also moved between the other areas at various times in the process. In both cases the rationale for consenting was said to be due to their consideration of the child's needs. Anthony relates this to gender, suggesting that as a male he was able to view the situation more impartially than the child's mother:

*"I was agreeing for the children to be adopted and be in long-term foster care, I was agreeing with that, and Claire being the mother, which is an understandable thing, she didn't want that, 'cos I didn't see I didn't see it from the parents point of view, I just saw it from the child's point of view."*



This comment suggests that Anthony had a gendered view of parenting, seeing Claire as taking on a more traditional feminine viewpoint with him being able to see things from a different perspective. This view was also alluded to by Colin when talking about his partner's pregnancy:

*"She was on medication and things like that, she'd had a lot of problems in the past so she wouldn't have been able to keep hold of the child at the time. At the same time I said there was no chance of her keeping hold of the child or anything like that, so I knew it was going to be a tricky situation."*

Again, Colin presents his case for being logical and being able to see the situation for what it is rather than his girlfriend who was 'irrational' in her desire to keep the baby. Colin also compared his relationship with his adopted daughter to that of a parent 'living away from home' for example in the armed forces or in prison. This may be because it is viewed more socially acceptable to be a father not living with a child (e.g. in the case of single parent families as well as the examples given by Colin) than it is for mothers, and fathers may still be perceived as 'good' fathers whilst remaining distant from the child (Gillies 2006). Traditional views of women have centred concepts of femininity around women's status' as wives and mothers, with women expected to devote their lives to caring for their children (Dominelli 2009). Perhaps, therefore, the differing status of fatherhood compared to motherhood, stereotyped views of the rational male and hysterical female and the traditional association of mental illness with femininity (Orme 2009, Frosh 1997), and examples of absent fathers in society for birth fathers to fall back on make it easier for fathers to consent to adoption.

### **Persuaded into adoption:**

The second sub-theme within consent is that of being persuaded into adoption. Views in this category can be described as views which started off against adoption but came to consent after persuasion by the local authority or the parent's solicitor. Many parents who expressed views within this category also expressed views within both consenting to adoption and forced adoption, suggesting that views could change over time.

### **Professional input**

Anthony, who at points in his life history interview stated that he made a decision to consent to his child to be adopted, here talks about how it was a conversation with his solicitor that persuaded him to make the decision to consent:

*"cos he just said to me one day, do I really want my children being placed with one foster carer, then another, and another, and another, 'cos you know some children are not lucky enough to stay with the same foster carer, they can keep getting passed from pillar to post."*

*And no, I, I didn't want that, so I didn't really oppose the adoption order I just I just went along with it."*

This comment illustrates that whilst Anthony consented to the adoption of his children, this was because he had very little choice as the alternative offered (long-term foster care) was painted as a very bleak situation. Diane also expressed a view above that she made the decision to consent, however like Anthony she also hints at an element of persuasion by the professionals involved in the case:

*"Then the judge, my barrister, the social worker, me solicitor, everybody panned these papers right in front of me like that and says can you sign the papers for your daughter for adoption (tears). I had no choice, it killed me, it ripped me apart."*

This contradicts her statement earlier that she consented to adoption due to her own decision because of her daughter's safety. Sally also echoed these feelings, stating that "I wanted to keep my children and I felt pressurised into saying, there you go, you have them." A placement order automatically dispenses with a birth parents' consent to adoption. However, these statements show that parents felt pressured into 'agreeing' with the adoption. This feeling of being pressurised is not limited to adoption from care, as Shelley describes how she felt pressurised into relinquishing her daughter in the section on relinquishment below.

Court proceedings were traumatic for birth parents, and in some instances it appeared to be the emotional impact of these proceedings on the parents rather than any specific advice from professionals which led to a decision to consent:

*"It just got traumatised and traumatised for me, I just couldn't cope anymore. It got to one stage that the courts went on for that long I turned round and said to my partner, I said I can't do this no more, I said I might just literally consent." (Nina)*

For Nina, the length of time that proceedings took influenced her feelings around consent. However, this differs from the feelings of other parents about delay which was discussed in Chapter 5, as both Colin and Lucy felt that a reduction in delay would reduce the likelihood of overturning the plan for adoption. This therefore illustrates the complexity surrounding issues such as delay in court proceedings, and the differing perceptions that birth parents may have.

### ***Not consenting not opposing***

Earlier in this chapter Anthony describes how instead of opposing he "went along with" the adoption order. Several parents talk about this, suggesting that whilst they did not actively consent to their child being adopted they also did not oppose the plans. Sally describes her position below:

*"I wasn't what you call consenting to the adoption, um, I said even though I didn't give my consent I wasn't opposing it, well I said well I was opposing, because I wasn't agreeing to them*

*having the babies adopted, um, but I wasn't actively, they said I wasn't actively seeking to oppose."*

Sally therefore did not consent however she also chose not to oppose the local authority plans of adoption. Again, this highlights how parents who expressed views within this category appear to have been swept along by what was happening during proceedings and played little active part in these.

### **Forced Adoption:**

The final view expressed by parents, that of forced adoption, was expressed in a much more coherent way by parents, for example Nina stated; "I didn't consent to it", Sally said "I felt that they were forcing me into handing my babies over to basically people I didn't know to bring my children up" and Colin suggested that "I was forced into a corner, even if I contested they were going to use everything else from the past". Parents' accounts were sometimes ambiguous or in some cases contradictory, and it is of note that these views are expressed by parents who also expressed views that they consented to the adoption (as in the case of Colin) or were persuaded to consent to the adoption (Sally and Nina).

Parents' views about consent could also differ with different children, in instances where more than one child was adopted. Mary talks about having difficulty bonding with some of her children, therefore she fought for her son but did not oppose the adoptions of her daughters. Shelley relinquished her daughter for adoption, but later opposed the adoption of her son. She had had difficulty bonding with her daughter and it emerged that she was advised to terminate that pregnancy due to her own ill health but her abusive partner forced her to have the baby, which resulted in her becoming seriously ill (see Chapter 5). For Anthony, delay was a significant factor in his decision not to oppose the adoption of one child, but to appeal the adoption of another child:

*"cos of the timescale that it went through it was only 13 months from the last court hearing that they found an adoptive family so I just went by what my barrister said, if it was 13 or 14 months you wouldn't get nowhere, so that's why we didn't contest it, and where [my son]'s was 4 3 or 4 years later that's why we contested the, it wasn't a fact that we love [my son] more than [my adopted son], I'm not gonna go through the courts again unless I feel I've got a chance of winning, even when I was losing the kids I still thought I had a chance of winning, with [my adopted son] I knew there was no chance."*

Earlier, it was illustrated how Anthony used the advice of his solicitor to come to a decision that he would not contest the adoption order of one of his sons. However, delay, and further professional advice, meant that he had a different perspective with another son. He was successful in the appeal

(see discussion below) and as suggested it was likelihood of success that led to him deciding to appeal.

However, whilst the examples above demonstrate that parents understanding of consent could fluctuate within the adoption process, several parents had a fixed understanding of adoption as 'forced'. Lucy had nine children. Her three youngest children were adopted, and the remainder of her children were placed in long-term foster care or in kinship care with wider family members. During the care proceedings she became pregnant with her ninth child, who was subsequently returned to her care. Lucy described both the removal of her children into local authority care and the subsequent adoptions as forced. She fought against the plan of adoption for her children, however she was not successful and placement orders were granted for three of her children. Once the children had been matched with adopters, she was then asked to sign paperwork agreeing to this match. In the extract below, Lucy describes how she was forced into signing this paperwork, despite her views on adoption:

*"You sign it because they say if you don't sign it, it looks like you're, you're trying to, you know, basically make your kids life worse, and they put it in a way that makes you think ok then fair enough, so you end up going along with it, and you go ok and you sign it, but then when you look back on it you think to yourself hang on a minute, I've just signed my kids away to you in all intents and purposes (laughs). So then of course it doesn't look like it's a forced adoption, actually it is forced adoption, 'cos the moment you removed them children from my house it was a forced situation. I didn't give them to you, I didn't say come and take my children, you turned up and took them and then I fought you the whole way in court, but then when I lost you made it sound plausible for me to sign this bit of paper that I sign, and then my kids are gone and my kids think that I've gone along with it."*

Lucy was adamant throughout both sessions that the adoption was forced; she fought for her children to be returned all the way through. She acknowledges problems with her own parenting and that social services may have been right to remove her children from her care, but is still clear that the situation is forced. There are no inconsistencies and no fluidity in her perception of consent within this process. This raises questions about how children's services work with birth parents after orders have been granted, and how they are helped to understand what their children have been told about the plan for adoption and their birth parents views on this.

Melissa was also consistent in her view that adoption was forced, however she differs from Lucy in that she consented to some decisions within the early stages of the process due to her trust in the professionals assigned to support her. Her eldest child was adopted due to concerns over her relationship with an abusive partner. She appealed the placement order but her appeal was refused. She was pregnant with her second child during the time of appeal and that child remained in her care on a Supervision Order. Like Lucy, Melissa also used the term "forced adoption" to

describe the adoption of her son: “With the forced adoption, I never agreed for [my son] to be adopted so they've, that that's how I see it, you've taken my child against my will so to me that's forced adoption.” Interestingly, both Lucy and Melissa were successful in keeping a younger sibling in their care after the older siblings had been adopted.

Jane also viewed the adoption as forced and didn't change her views throughout, although she did not use the term forced adoption but talked about ‘fighting’ including going to appeal. She described how, on Christmas Eve, she was informed by social workers that her daughter was “going up for adoption (pause) without my consent”. For Jane, it was important to show her lack of agreement to the plan and she did this with her younger daughter through refusing to sign the paperwork, stating “we didn't sign the papers this time”. This can be seen as an act of resistance which, whilst it did not change the outcome, clearly portrayed Jane's view about the adoption. This suggests that whilst some participant's views changed between consenting and being persuaded, and even in some cases forced, perhaps those that viewed the adoption as forced were less likely to also express other views around consent such as consenting or being persuaded to consent. Instead, for these participants consent was a fixed process as throughout the process they experienced the adoption as being forced.

### **Relinquishment**

The aim of this thesis is to explore birth parents' experiences of adoption from care. However, Shelley had also experienced a relinquished adoption for her youngest daughter, in addition to the non-consensual adoption of her son. She described how she relinquished her daughter for adoption:

*“I had a knock on the door once and it was a lady from the adoption team, which was a bit of a shock because I didn't realise it was all still going along how they were planning obviously. Um, (sigh) and she said to me we're going to adopt the kids, and I said well, no you're not, um, and then she sort of calmed me down and talked to me and said it's in their best interests etcetera, um, and I said, well are they gonna go together, no they're gonna be separated, I said well in that case I'm not allowing it they can stick together if you're gonna adopt them, and she said no you can't do that because [my son] is pretty rough with [my daughter]. And, um, and so basically I was pleading and begging and praying they'll have to take one and can you let me keep one, and, and, I was pressured, I thought I was pressured, because I had to basically pick one. So that was the first thing where I was, (sigh) it wasn't obviously the thing, it was the adoption lady you know, and um and so I had em both at home then and I was trying to cope with them, but it was, I had to take [my daughter] to a meeting and um [my son] had gone to school um, and and they sort of again going on about it, and I, and I just couldn't cope with it, and I said that's fine you have her, just take her then if that's what you wanna do, take her, and I give her up just there and then and walked home without her.”*

Shelley changed her account later on, to say that the children were living part time with her and part time in foster care, so her daughter was in foster care at the time she made the decision to

relinquish. Like other participants, Shelley describes how this situation was complex and an extremely difficult decision to make, which was made more difficult as she felt pressurised to relinquish her care of her daughter. However, despite these circumstances, she described the experience as very different to that of her son, who was adopted from care without her consent:

*“It was a different situation to me son, whereas I met um [the adopter], who was the adoptive mum, I was given the, the different people that were there ready for adoption, on the panel would that be probably, yeah and I was given basically to choose as well.”*

Shelley described her treatment by social workers as very different when she relinquished her daughter, she was involved in choosing the adopters and met the adoptive parent which helped her to maintain letterbox contact. With her son, however, she went through court and fought to keep him in her care, but was unsuccessful. Shelley described how the experience of her son’s adoption left her feeling “like I’m a bad person and a bad mum”, and feels that her son “just didn’t know the truth” of why he was adopted. What is apparent from her account is the difference in how she was treated by social workers in the two adoptions, with greater openness and choice in the adoption of her daughter compared to her son.

## **Powerlessness**

The previous section illustrated that consent within adoption was predominantly fluid for birth parents and often centred around their views on what was best for their child. However, these decisions occurred within wider contexts of adversity and difficult circumstances illustrated in the previous chapters. Any understanding of consent, therefore, needs to be viewed within this context. Alongside these factors, parents described feeling powerless throughout the process.

Powerlessness was a key theme within the research. This finding in itself was not surprising as the literature describes how birth parents have felt powerless during adoption (Charlton et al. 1998, Ryburn 1994, Smeeton and Boxhall 2011). However, the findings break this theme of powerless down further to explore what this meant to parents and the different ways that they were affected by power. Two main areas were found; firstly parents’ experiences of powerlessness throughout the adoption process and secondly, the powerlessness that birth mothers experienced within their wider life. Similarly to the findings of the previous chapter, this section demonstrates the complexity of birth parents’ experiences. Some parents acknowledged their own agency within decisions. The situation was also different for a birth father who did not have parental responsibility.

## Powerlessness within the adoption process

### *Inevitability*

Linked with the theme of powerlessness was a sense of inevitability that some parents felt around the adoption process. Claire and Anthony felt that adoption was an inevitable outcome as soon as they went to court, with Anthony stating that:

*“The day the social worker threatens to take you to court you've lost, because the judge will always believe the social workers when they lie on the stand.”*

For this couple, children's services had been involved and working with the family for a period of time but the key moment of change was the court proceedings starting. This is similar to findings reported earlier, regarding the lead up to removal, and may reflect the increased powers that social services will have once court proceedings start.

Shannon's sense of inevitability was linked to her own history of being in care, which led to her feeling that she was not given a chance by the professionals involved:

*“Because she was my, um, she was my little sister's health visitor so obviously she knew I was fostered and whatever, so it just seemed like she was out to get me from now on to be honest.”*

Shannon felt targeted by professionals, and this was echoed by a number of parents. Nina stated that children's services “done everything in their power to make sure that I lost my babbly”, and Sally stated that she felt “persecuted”. Melissa felt that she was “set up to fail” as she was not able to access resources such as domestic abuse programmes until the adoption order had been granted in respect of her son, so she felt that she had no opportunity to change the decision to adopt her son.

However, Katie felt differently. She had been adopted as a child, and that adoption disrupted when she was 16. She then had three children who were removed during repeat proceedings, one child as a young baby and two from birth. In those circumstances she may have been legitimate in claiming that adoption would be inevitable, however she went the opposite way in terms of accepting responsibility for the adoption and stating that; “the help were there but I just didn't want it off them, so that's what I wanted to say I got it out now, the help's there but I didn't listen.” This was painful for Katie to acknowledge, and is a contrast to the views expressed by the parents above. She was also dismissive of the view that social workers are out to remove children:

*“You know yourself you'd rather keep children with the parents, but you've gotta do your best and keep the child safe haven't you? So if you think it's best for them to go they gotta go. It 'costs them grands to go to court don't it, I suppose it 'costs them quite a lot and they wouldn't do that if they don't think you've got a chance, but I've had the help, I just never listened to them.”*

Katie, therefore, offers a contrast to a sense of powerlessness and inevitability as whilst she acknowledges the power of social workers she also highlights how her own actions, a failure to “listen” to social work advice, led to the adoption of her children. Katie was adopted herself so she is speaking from her experiences not only as a birth mother but also as an adopted child. This has given her a different insight to other parents. In addition, Katie spoke about very positive relationships with her child’s social worker and offers of support and help which contrast to the experiences of some of the other parents. Whilst this level of support and reliance on social work views may be positive, it also illustrates how Katie may have internalised ideas of mothering as a form of symbolic violence.

This sense of inevitability experienced by the majority of birth mothers and both birth fathers was linked to their view of social workers as powerful. There was therefore a relationship between the perceived powerfulness of social workers linked to the powerlessness of birth parents. Some participants, like Anthony, were very aware of this power imbalance from the beginning. However, others did not expect it. Melissa, talking about going through care proceedings with her first son, stated:

*“That time I was very much adamant like you know, I didn't basically think they would take my take [my son] away, I did not think they had the power to do that, um, because I knew I wasn't ill-treating him or, or all the things that they said.”*

Melissa’s first son was adopted due to concerns about her relationship with her son’s birth father and ability to protect him from abuse due to the domestic abuse that she had experienced. The power of social workers and the courts to remove her son from her when she felt that she was capable of parenting him therefore came as a surprise.

Lucy suggested that it was not individual social workers, but negotiating her way through systems that led to her experience of powerlessness, and felt that individual social workers within that system could make a difference:

*“You know it it’s a very difficult system to be involved in, and specially if you’re the parent, because you’re not the one with the power, so therefore you can shout and scream all you want it doesn’t necessarily mean its gonna change anything, and you can only hope that the person you’re working with has been trained in a way to be objective enough to listen in every angle, rather than just listening to the other professionals.”*

Similar to Anthony, once care proceedings started Lucy felt powerless within the systems and events that were going on around her. That was linked to her feelings that her voice was not being heard within the process.



### ***My voice wasn't heard***

Lucy felt that despite using her voice it may not change things. This view was echoed by a number of birth parents. Lucy, who also had children in foster care, felt that in some instances listening to birth parents was a paper exercise:

*"Very noble of you to have me sat there, but what's the point of asking me 'cos my voice never got heard really ever, um it was always like oh it was almost like it's just done to just make it look good, but your voice, even now I have trouble getting my voice heard 'cos I don't, they're not living with me and therefore push you to one side almost on paperwork they make it look pretty, oh yes we've spoke to the mum this is what she thinks, makes no odds because none of that ever happens."*

Here, Lucy explains that even though she is invited to share her views at meetings, this view is not taken into account, and instead it is a token gesture. This was also felt by Colin, a birth father who had separated from the birth mother and had to fight to get access to his daughter:

*"That's the problem parents aren't being listened to and that's why there's so much commotion between social worker, that's why there's always going to be a rivalry, and until you get that barrier of friendship back, you're always going to have that hate side."*

This perception that their voice was not being heard led to some parents almost opting out and not taking part in making decisions about their children's lives once they were removed from their care. Shannon had been in care herself, and had her first child at 18. Her daughter was removed after several months in her care. Shannon told of an occasion when one of the social workers said something distressing during contact with her daughter; however she felt powerless to challenge this:

*"I did wanna complain about it, but I thought well there's no evidence, there's no proof, and like I well obviously her bosses would probably believe her more than me, because they'd probably say that I was just doing it because of the situation, so I didn't bother."*

In this instance, Shannon felt powerless to challenge even when she felt that she had a legitimate concern as she felt that she would be dismissed. This highlights questions raised in the literature review about working in partnership with parents once the adoption process has started.

### ***Heard but dismissed***

For other parents, they experienced their voices being dismissed more overtly. For these parents, it was not so much about not having a voice, but finding that when they did try to challenge what was happening they were labelled as 'non-compliant' or the situation became more difficult. In these instances, parents used their voices and were heard, but were dismissed by social workers in court. This supports Garrett's assertion that the voices of birth mothers continue to be dismissed within

wider adoption discourse (Garrett 2002). Melissa tried to challenge social work decisions on a number of occasions, and talks about how that led to the label of being non-compliant:

*“So just because I ask questions um you know, and, and be seen as challenging things doesn't mean that I'm not complying, I have a right to ask questions and to understand things, it doesn't mean that I'm not willing to work with you, you know.”*

This view of challenging or asking questions as evidence of being non-compliant could lead to parents taking a different attitude with subsequent children and Melissa, whose second child remained with her under a supervision order, suggested that she learnt to suppress her voice: “now I realise sometimes if you take a backseat then they're more likely to give you whatever you want”. Melissa was not alone in this view. Anthony and Claire also learnt not to use their voice as much with later children:

*Anthony: “It's just more listening to social services than anything.”*

*Claire: “You may not agree with it but you just have to bow down, if you wanna keep your kids, that's what you gotta do.”*

These parents are living in fear of their child being removed and the legacy of adoption leaves an on-going sense of powerlessness. Fear to use their voices, and the need to be seen to agree with everything said by social workers, could also be detrimental to the wellbeing of the family. It could potentially lead to parents not sharing concerns or worries due to a fear that the child in their care may be removed. It may also be a subversive strategy of resistance to demonstrate agency and challenge the power of social workers.

### **Parental Responsibility**

Another way in which powerlessness was experienced was through the local authority sharing parental responsibility with parents once an interim or full care order was granted during court proceedings. This thesis began by highlighting the way in which parental responsibility is shared between the Local Authority and birth parents until the child is placed for adoption under a placement order. However, a number of parents felt excluded from decisions about their child once care proceedings had started. Melissa expresses how she felt unable to take part in day-to-day decisions about her child once he was in foster care:

*“At the time I was upset because they criticised me about not attending to his medical needs, but they didn't even try to sort out his um you know his injections, his immunisation, it was me that was chasing them up to get him to get it done, so I could only do so much 'cos I just didn't have the power. And then there's this whole thing oh they share parental responsibility with you and it's a whole load of rubbish because in theory it's meant to happen, but in practice it doesn't actually happen you know, so it was frustrating.”*

Whilst Melissa shared parental responsibility for her son with the local authority, she was unable to exercise this parental responsibility in practice as it was the local authority that carried out the task of immunising her son, and this added to her experience of powerlessness. Her son had been removed from her from the hospital over concerns about eczema. Here she is frustrated by the powerlessness she felt at having to request that her son was immunised when she felt that she had been unfairly treated about the concerns about her son's eczema.

Other parents voiced similar frustrations, often relating to 'day-to-day' decisions around the care of their child or contact with their child. Many parents expressed frustration around contact; Sally was unhappy with contact taking place in a contact centre and wanted this to happen in the community:

*"I wanted to be able to go out and that, you know take him out into the air you know, fresh air maybe to the park or something, sit on the swing with him on my knee and just swing back and forth you know, look at him that way, um, but the social service wouldn't let me do that half the time."*

These feelings of powerlessness in relation to day-to-day decisions around their children link to wider questions about motherhood raised in the previous chapter. The feeling of missing out which made some women question their identity as a mother is echoed to a lesser extent whilst their children were in foster care and parents shared parental responsibility with the local authority. Other parents felt excluded from decisions about the child and felt that there was a lack of communication from social workers. Colin described how he had to walk to a meeting only to find out that it was cancelled:

*"It was alright for them to cancel an appointment, but it's not alright if I cancel an appointment. I never, I went to every meeting. I never missed any, I even walked to them, and I walked ten mile to get to a meeting, so, and they can just say oh well I was half way I was half way across [town], going to my, one of them, and they said oh didn't you get my message, I said no, how can I, you, not send me a message or phone call me, 'cos I phoned up to say that I'm on my way, oh it's been cancelled."*

This lack of communication illustrates the birth father's powerlessness within this situation.

### **Birth Fathers**

Whilst the above section highlights the difficulties that birth mothers faced with exercising their parental responsibility, Colin, who had separated from the birth mother, found that he had no rights at all in relation to his daughter. This had implications in court as the baby was removed at birth due to concerns over the mental health of her mother:

*"My rights were taken away 'cos there was there was someone else's name on, on the birth certificate, straight away er, so instantly I had no rights at all until there was a DNA proven,*

*until the DNA comes though you can't be part of the court proceedings, so you had to be booked into the court proceedings."*

This birth father experienced powerlessness as there was no legal recognition of him being the child's father. Obtaining DNA results and applying for parental responsibility led to a delay in him being able to have contact with his daughter, and a delay in becoming a party in court proceedings.

### ***Post-adoption and within the adoption triangle***

For some parents, the feeling of powerlessness increased once the adoption order had been granted. This is expected, as the literature review highlights how all previous parental responsibility is severed once the adoption order is granted. However, many parents struggled with this concept and did not understand how adoptive parents could go against not only their wishes but in some cases the recommendation of the courts. Anthony explained how the judge recommended that the parents continued to have direct contact with their son once he was adopted, but was unable to put that in an order:

*"She wanted us to have contact, she says she couldn't order it 'cos it weren't her decision, but she says 'cos she could tell that we was loving parents, that we had our children's best interests at heart blah blah blah, but she just said she couldn't order it, 'cos then we wouldn't, then they couldn't find an adopted family for the child."*

The child was placed with adopters at the age of 7 and had an ongoing relationship with his birth mother, father and siblings, however despite the judge's recommendation he was placed in a family who agreed to letterbox contact, and at the time of the interview parents had not received any letters from the adopters and were unsure whether their letters that they had written had been passed on to the adoptive family. Other parents had on-going letterbox contact, but were fearful of this being terminated if they did something wrong. For example, Jane described herself as having some learning difficulties. She asked the adopters if they could send her a drawing by her daughter, and describes how this led to a threat of contact being terminated: "so we, er, got a letter off the social worker saying if you ask for any more drawings or anything like that they'll terminate us letterbox, they don't think it's appropriate".

Changing a child's name after adoption was described as a painful experience. Diane described how painful she found this: "by law but I disagree with it because I registered her birth as C, I never registered it as L, I registered it as C, that's the hurtful thing but I've gotta get on with it I suppose I can't change it". Again, she showed a lack of understanding in terms of the severance of her parental responsibility and the rights of the adopters when she asked "have they got a right to do that?" The change of name on this occasion also illustrates Bourdieu's concept of habitus, as tastes reflect social class differences (Dillon 2010). In Diane's case, her daughter's name was fairly common

and it was changed to another common name. However, names may be associated with symbolic capital and as such are used to socially locate children within class (Lindsay and Dempsey 2017). In this instance, the name changing may have been used by the adoptive parents to illustrate the change in perceived life trajectory for the adopted child.

The powerlessness birth parents felt post-adoption was also linked to their own economic status compared to that of the adopters. All of the parents were unemployed at the time of the interview. Katie described how the adopters were in a position to offer her children opportunities that she would have been unable to provide:

*“And look at them now, they go to America every year, they're having holidays and they're having a good life. I couldn't give them this, they're safe and that's all I want them to be, safe, and well [my daughter's] a dancer, she does tap and ballet and she goes to brownies, she's a swimmer, so they look after them. I couldn't've done that.”*

This recognition of inequality between birth parents and adopters reflects the assertion that children are adopted from poorer families into wealthier families (Dey 2005, Lewis 2004). This is pertinent as Chapter 5 illustrated some of the difficulties that birth parents had in meeting the socio economic needs of their children and the lack of support they received in this area.

### **Powerlessness in Wider Life**

The above section illustrates how birth mothers and birth fathers experienced powerlessness within the adoption process. However, as highlighted by Katie when she talks about some of the economic benefits that adoption can provide for her children, this powerlessness was not limited to birth parents' experiences of adoption. Instead, powerlessness appeared to feature widely in parents' lives.

### ***Structural power***

One way in which parents experienced powerlessness within their wider lives was through inequality. The previous chapter highlighted some of the adversity faced by birth parents, and how this adversity may be exacerbated by adoption. In addition, structural power could lead to difficulties contesting the adoption, as parents did not have access to financial resources needed to access support: “I did try through a solicitor at the time and was told um that any appeal would be refused, um, and I wouldn't have access to public funding” (Maggie). Contested adoptions are explored more fully in the section below on “fighting back”. However, it is significant that financial constraints limited the ability of birth parents to contest and this suggests that lack of finances may prevent some birth parents from contesting. Scarcity of resources also impacted birth parents in other ways, with Lucy highlighting the difficulty it caused in accessing support:

*“One of the reasons I got to keep [my son], whereas with the others I hadn’t started therapy and I couldn’t get in. There’s a massive waiting list for therapy as well, ‘cos you gotta lot of people with a lotta issues everywhere, so you know by and large when you’ve got that sort of thing and the NHS has got its own cuts and everything, its own crap going on...”*

Lucy attributed her success in keeping hold of her youngest son to the therapy that she has undertaken but highlights the difficulties involved in accessing this therapy particularly within a climate of austerity when resources are scarce.

Gender roles led to powerlessness experienced by women. Sally described how difficult she found parenting as she was not supported by her partner:

*“Um, even the health visitor came one day, and she said it was like I was caring for three babies, not one or two, um, and that’s when, that’s how I felt you know, that I’d had a lot of um pressure put on me at the time, I was trying to struggle with looking after two babies under the age of five and then [my partner] was having his depression and stuff and taking it out on me even though I was so tired and stuff you know. I still tried to throw myself into caring for my children, because I loved them so much to want to care for them.”*

Sally illustrates the gender disparity in terms of what is expected of mothers and caring roles that they are expected to take on, as opposed to birth fathers. This can be illustrated by the comments from Colin in the section on consenting to adoption, where his comments suggested that it is more socially acceptable for a father to be absent from a child’s life within society. Sally had also taken on the role of carer for her mother (in addition, two other participants had taken on caring responsibilities for family members or partners, a birth mother and a birth father). She appears to have internalised gender stereotypes of caring and did not feel supported by her partner. This internalisation of gender stereotypes may be an example of symbolic violence, as Sally accepted the caring role for both her children and partner despite struggling herself.

### ***Consent within wider life***

Birth parents’ understanding of consent during the adoption process was explored earlier within the chapter. However, one notable finding was that a lack of consent was also apparent within other incidents that occurred within the lives of the birth parents. This is significant, as lack of consent in one aspect of life may have impacted a parent’s understanding of consent regarding adoption. What is apparent from the research is that many of these factors appear to be linked to gender, for example rape, sexual abuse and domestic violence perpetrated by men against women. This was explored within the previous chapter. One exception is prison, with Anthony, a birth father, spending time in prison although this is not talked about in any detail. However, only two birth fathers participated in the research and they were also speaking to a female interviewer, so it may be that further male factors would have been more apparent if a greater number of fathers had

taken part. It may also be that the birth fathers felt it unnecessary to highlight issues of consent as they both consented to the adoption of their children.

In terms of gender, seven of the twelve mothers noted that they had been sexually abused, or raped. Mary, who was sexually abused as a child and then made to undertake sex work by her partner, described how she was “owned” by her abusive partner. In addition, Lucy had an abortion that she did not want after “being talked into it” by her mother and partner.

All of the mothers, apart from Shannon who was not in a relationship, stated that they had experienced domestic violence in either a previous or current relationship. Katie described an incident where she was beaten so badly whilst she was pregnant that she thought that she had lost the baby; “um, he attacked me when I were pregnant, he nearly strangled me when I were pregnant, I conked out, was in hospital. Nearly killed her.” She described the mixed emotions and lack of consent she had within the relationship due to her partner’s control, “it’s hard to love someone when they control you, well, it’s easy to love someone when they control you, ‘cos they’re controlling you to love them.” This highlights the complex nature of Katie’s feelings about the relationship, which she recognised despite also acknowledging the harm caused to both her and her unborn child.

Mental health was also significant, with a number of parents spending time in psychiatric hospital. For both Jane and Diane, this coincided with the removal and adoption of their child. Jane’s first child was adopted after she was seriously injured by her father. She describes how the removal of her child led to a number of incidents outside of her control, as “and then from there he got arrested, I got arrested, and then I got put in H [psychiatric hospital] ‘cos of it all”. Diane also describes how she was admitted to psychiatric hospital after her final contact with her child:

*“The police came back to me mum and dad’s and they had a chat with me mum and dad, ‘we’ve had a chat with [psychiatric hospital], we’d advise Diane to go into hospital’, ‘cos my head was gone, gone away with the fairies erm, and like I said earlier I was only supposed to be in for one night two nights, I was in for eight weeks ‘cos they were worried about me mental state.”*

Diane was admitted to hospital shortly after her final contact with her daughter, after adoption had been agreed. This admission was not under her consent, but she was threatened with being sectioned, “they said if you don’t come in we’ll get the police to come in and section you then, so I had no choice, then I had to go in voluntarily ‘cos I didn’t want to go in on a police section”. This echoes Shannon’s experience of the use of section 20, where she was advised that if she did not agree to her daughter going into care a court order would be obtained.

Diane's example demonstrates how mothers lacked consent not only against men but also against people in authority. This can also be illustrated by Lucy, who spoke of her home being raided by police on numerous occasions due to the criminal activities of her partner. She describes an incident when the police "just literally walked through my back door, didn't knock, nothing" when they were looking for her partner, and they walked in on her daughter in the bath:

*"They went 'we have a warrant', de di. I said ok then, but don't go in the bathroom my daughter's in the bath. Now, at this time [my daughter] was 12, it was all male police officers there were no female officers there, they did not listen to me. I don't know if it was they didn't believe me and thought maybe it was [my partner], I don't know, but they went into that bathroom. [My daughter] screamed, I hit the roof."*

For these women, therefore, positions of authority also linked to those of gender inequality.

## **Fighting back**

Despite the powerlessness experienced by birth parents, some parents did demonstrate their agency through acts of resistance. Similar to other findings, this was complex and many parents' narratives were contradictory. For some parents, it was language more than action, and there appeared to be a need to be seen to fight even if they did not really want to, whilst for other parents they were more serious in their attempts to fight back.

## **Fighting during proceedings**

The concept and language of 'fighting' for children was common even for those parents who consented to their child being adopted. However, for some it appeared to be fighting in name only. Katie stated that "obviously I were fighting it, but I agreed to it, I always did." She reiterated this view in the second interview; "obviously I tried to fight for them, but in the end I agreed to it." For Katie, therefore, the concept of 'fighting' appeared to be a motion that she felt that she had to go through, before she felt able to consent to a plan of adoption. For Katie, attending court appeared to be equated with fighting: "I went to all the court hearings I went I did everything I could." Diane, who expressed a view that she consented to her daughter's adoption for her safety, also viewed attending court as fighting for her child. This in itself was challenging, as she described going to five different courts in order to fight for her daughter: "so I went everywhere to fight for her to come back to me, and I got refused at every turn". Jane also spoke about "fighting through court". The language parents used when fighting for their children was significant, with parents speaking about being "determined" (Maggie and Shannon), a "battle" (Anthony and Maggie) and "trying anything" (Lucy) to keep their children. This language illustrates the different power relations at play within adoption, with birth parents demonstrating their agency by 'fighting' against professionals at court.



For some birth parents, however, the concept of fighting was more than about attending court, and they tried additional means to get the courts to return their children to their care. For these parents, fighting not only involved attending court but asking for specific means of support:

*"I was asking for parenting courses when I was pregnant with them, and I said I'd be willing to do parenting courses again, I'd be willing to do cookery classes, anything that would help me to care for them. Um they, they refused it all, so to me it was just I was fighting through deaf ears basically, because they just wouldn't listen." (Sally)*

Sally felt that her requests for support went unanswered which meant that she was not able to get her children returned to her care. Nina also spoke of her frustration that support was not granted:

*"I even done everything they wanted me to, I got away from him [partner], they said if you move away from your partner um, and go into a hostel or something, we'll make sure you keep your son. I did all that, everything I, I was asked to do I done."*

For this birth parent, listening to and following social services advice was a way of fighting to keep her son in her care, however she was unsuccessful in this.

### **Making changes**

One way in which birth parents fought either to have their existing children returned to their care, or to plan to keep younger children within their care was through making changes. This took a variety of methods including listening to social workers, making practical changes and undertaking counselling or therapy. Several birth parents undertook classes after they had lost one child in preparation for a younger sibling. Here, Jane describes the work that she undertook whilst she was pregnant:

*"I passed me anger management, I passed me parenting classes, I passed relationship classes, right, and whatever they could throw at me." (Jane)*

Jane undertook these courses as she had the impression that this would enable her to keep a younger sibling in her care. This proactive stance was taken by a number of birth parents. Maggie described how she undertook the requested work but did not manage to get the care of her youngest son:

*"I have done work on attachment er pattern, I have done work on sexual abuse, I have done work on sexual abuse prevention, I have done work on child protection, and you know I don't know what more I can do, um they still gained the adoption order in November."*

Maggie did not give up as she appealed the placement order and is now in fresh proceedings. Claire spoke about the changes she made with her partner to keep her youngest daughter in her care:

*"We changed the way we lived, we, (sigh) we had people here while we ate... to make sure that we were giving, that [my son] was eating the right amount of veg and everything else, the*

*behaviour um, (sigh) I decluttered my home 'cos I was I'm a hoarder ... um we changed as parents, changed as parents, changed the way we parented."*

In order for Claire to make changes, however, she had to come to a realisation that these changes were needed. Her partner, Anthony, described how as a couple "we accepted we failed our children right, and we failed our children in the past". For Anthony, this acceptance of change has meant that he has now learned to listen to what social workers say.

For Shannon, however, the change appeared to be more to do with the passage of time and her own maturity. She described how her understanding of parenting differed between her first daughter, who was adopted when she was 18 and had not long come out of care herself, to keeping her son ten years later:

*"With [my daughter] I thought it was literally just a case of just the basics you know; feeding, changing nappies, bathing, where now I realise well actually it's a lot more than that, now I realise it's about yes the basics, but it's also about your environment and what you're doing with your children as well and also the attention that you're giving your child, and also like things like if they need medical attention that you're doing that, I realise that now it's a lot more than just the basics."*

Shannon has come to a deeper understanding of parenting and how to meet her child's needs. By speaking about factors such as environment, attention and actions she is referring to her ability to provide her child's needs in relation to some of the factors outlined in the assessment triangle. It also illustrates the support she may have required to keep her daughter in her care. Shannon also had counselling, and she also highlighted how this had changed her viewpoint:

*"I think now I just kind of realise that sometimes you have to sit and look at it from I suppose an outside perspective, where if you did this then whatever, so I think I just see things differently now a lot different honestly, 'cos obviously they're not gonna get involved for no reason, I think that just now you have to just acknowledge the mistakes that you made, so yeah it's kind of helped me to see that."*

For Shannon, as with Lucy earlier, therapy helped her to learn from her previous experiences and come to an understanding of the mistakes she had made. For other parents, it helped them to accept their feelings even if they did not agree. Lucy, who felt that her children's adoption was forced, explained how therapy helped her to manage her anger:

*"For parents that don't have therapy they remain angry for a long time and sometimes never get over it, I mean I'm still angry, I'm always gonna have that part of me that's still angry, but it's just I'm able to reflect better and, and take myself away and look at it from another angle because I've had therapy. I, I mean I hated every minute of therapy if I'm honest every day I hated it, but in hindsight now it's over and done with I realise I did get something from it, 'cos I see how angry my mum and my sister and everyone else still is and I'm not in that same place."*

Lucy found therapy a difficult process and whilst there were aspects of it that she did not like she could understand the benefits. However, not all parents had this opportunity. Maggie described how accessing counselling was a “battle”, and stated that “eventually my doctor did manage to put me forward, after much of me going there begging basically”. This illustrates how different professionals may not always work together and may have competing priorities. Melissa described how she was not allowed to access any support courses until the adoption order for her oldest son had been granted, and how she contacted her local MP to ensure that the local authority gave her the support she requested:

*“I said to the local authority, you've taken my child, what support are you going to basically give us, or give me, considering you've taken my child away and I've not consented to it, um, and you're just gonna leave me there. So at that time they, they had to look into it, and because I obviously wasn't happy, and again when I spoke to [my MP], [ my MP] did tell the local authority to er, make sure I get the support.”*

Melissa was proactive and managed to get support, but not within the timescale that she wanted. However, not all parents were able to access support and for some parents, they were not able to undertake counselling. Mary described how counselling reopened the trauma of her own childhood sexual abuse, and she was unable to continue; “soon as it starts coming out the first couple of sessions it hits the raw nerve, and then it's like flashbacks constantly.” Katie was also in a place where she was unable to undertake therapy, stating that it was offered to her but “I wasn't seeing my doctor, I wasn't taking my tablets, I just didn't listen to anyone.” For Katie, her emotional state prevented her from being able to access the support that was offered to her.

Likewise, not all participants decided to ‘fight’ for their children. Katie, who used the language of fighting but consented to the adoption of her three children, actively made a decision not to fight for her youngest son, stating that: “I walked out of court, I didn't, I didn't want to, I didn't fight for [my son] in the end, because I thought I'm not putting me-self through it a third time.” Katie knew that she would not win, but was also concerned as her son was ill, and made the decision not to attend court. She had acknowledged that her own mental health difficulties impacted on her ability to accept the support that she was offered. This is a contrast with the majority of parents, who felt that it was important to be present at court even if they were not actively opposing the adoption. As noted previously, Katie had been adopted herself and had a different perspective to many birth parents about adoption. In addition to Katie, both Anthony and Sally also spoke about attending court but not “actively seeking to oppose” the plan for adoption.

## Contested adoptions

Of the 14 birth parents, four actively contested the placement order once it had been granted. This was a difficult experience for birth parents for a number of reasons.

Anthony and Claire had one son who was adopted. However, his sibling who was also on a placement order had not had an adoptive family identified for several years, during which time he continued to have contact with his birth parents. Anthony described how they appealed against the adoption of their son after he had been on a placement order for three years:

*"When we, when I found out it had been, it was going to panel I went and saw my solicitor, I went and saw a solicitor and my solicitor wrote to, wrote to social services wrote to court got permission via the court to bring it to court to, we wrote to social services legal and told them."*

Anthony described how he found the appeal process straightforward due to the support of his solicitor:

*"I thought it was going to be really really hard, but it was really easy because like I said earlier the solicitor weighs up are you going to are we going to are we going to get to court, do you know what I mean, it's not a given thing do you wanna take something to court are you gonna get it to court, they have to sort of like come out with loads of reasons why they think you should go to court, but like when the first day we went to court, we went to court, the judge said a few things and low and behold I didn't know that we'd won the first round so to speak until I got out of the court, 'cos like I said to the barrister at the time 'cos we had a barrister that day... it's only 'cos I said well what's just happened, she's gone well he can't, you've got another court date in front of another judge to listen to your case and they can't place him with the adoptive family it's been stopped they can't place him."*

For Claire and Anthony, their ability to access support from a solicitor helped them to appeal successfully, the placement order was dispensed and their son remained with his foster carer. However, other birth parents had difficulty accessing legal aid and did not find the process as straightforward. Melissa described how she found the process:

*"In the end I had to try to be my own solicitor and get the papers and try to do it myself, which is what I did. Um, but I didn't really get anywhere. I did my own statement and everything, um, with exhibits and everything, but the judge wasn't having it."*

Melissa tried to appeal immediately after the placement order was granted but was not granted leave of the courts to appeal. However, she described how she was pregnant with her second child during this appeal process, and this child remained in her care. Maggie described how she found the process when initially she had no legal aid or support from a solicitor:

*"Absolutely petrifying, I so nearly turned around so many times, um, 'cos you have to represent yourself you know, no legal training, nothing. The courts theselves [sic], London courts, I've never seen anything so big in my life um and domineering. Um, thankfully I've gotta admit the*

*judge himself was fantastic, but the actual process of just even going into the courts, having to speak for yourself, having to be a lawyer and a mum in one...."*

In the section on structural power, Maggie demonstrated the difficulties she found trying to obtain legal representation without access to legal aid. She used a number of resources, stating that in the first instance she "found out through the internet that um I could actually appeal by myself, um, which is what I did." She eventually accessed a solicitor through contacts in the post-adoption support agency, who helped her initially without legal aid. This appeal was successful as the placement order was dispensed with and fresh proceedings were granted. However, she faces an ongoing challenge as the new proceedings may reach the same conclusion as the previous proceedings. She stated that she feels the appeal process needs to change and more support should be offered to parents:

*"The appeal process really does need to change, because any parent that has got slightest disability or special needs they haven't got a prayer of ever, ever, fighting for their child, because the paperwork and the slog that you have to go through to it. I have so so nearly given up so so many times and I am naturally a strong person, I, you know, I'm used to fighting for everything in my life, everything, but I nearly gave up so so many times because it's just that overpowering and that hard. Um, the local authority need to work with families more so it don't get to the court stage in my opinion but if it does get to the court stage more needs to be done for parents."*

Here Maggie echoes the concerns highlighted by other parents about the lack of support offered once proceedings get to court.

However Jane, who described herself as having mental health difficulties and unable to read and write, also managed to appeal the adoption, stating that she "tried to take it back to court" although she was unsuccessful in this attempt and her daughter was adopted. However, she was successful in conveying her lack of agreement to the adoption stating that "we didn't sign the papers this time".

### **"I'm still fighting for my children now": the 'fight' for support and contact**

In some cases, birth parents did not fight to have their children returned to their care, but continued to fight in other ways. Some parents did this by continuing to fight for the children that were in foster care, over issues including contact:

*"It's still in the families rights to fight for their children, I'm still fighting for my children now but I'm doing it in other ways, so I mean I'm fighting I'm still fighting for [my son], I'm still fighting [my son, my son] now, 'cos I want him to know his sister, I want him to know his brother...." (Anthony)*

Others recognised before the end of care proceedings that the adoptions were likely to go ahead, so instead of focusing on returning the children they focused on contact issues and how siblings were placed. Lucy fought against the Local Authority decision that all of her children should be placed in

separate placements; “no child should be separated on their own like that, and we fought tiresomely to try and keep some of them together.” This fighting made a difference as whilst one child was placed alone for adoption she was successful in getting her other children placed with siblings.

Throughout this, similarly to those birth parents who contested the adoption, the support of professionals appeared to be key to the perceived success of birth parents’ ability to ‘fight’. Lucy used “we” in her description of fighting to keep her children placed with their siblings. She later talks about having professionals on board:

*“My CAFCASS officer and the, um, the foster carer had to fight very hard to keep [my children] together, because the local authority were (pause) set on having them separated for adoption separate, um but they did win and the judge went with the CAFCASS officer like they do quite often.”*

Similarly, Anthony spoke about positive relationships with his solicitor, CAFCASS officer and the judge stating that he had a solicitor who “will fight your corner”. Mary had mixed experiences with judges, but she described how one particular judge “had the time to listen to me”. Mary had her children adopted but for her, it was finding people that were able to come alongside her and listen that was important. This is significant as earlier the findings demonstrated that birth parents felt that their voices may be dismissed.

However, not all birth parents felt that they received the same level of support from professionals. Sally felt unsupported by her solicitor during proceedings:

*“I felt well you're, you're supposed to be representing me, but you seem to be representing the social services more than you are me, um, so they didn't really fight the social services, didn't, I felt really I could've done it on my own.”*

Sally did not feel that her solicitor accurately represented her during proceedings, however on other occasions she did feel supported, as she described how a barrister requested for a mother and baby placement on her behalf, “we were trying to fight for as much support as possible, they were saying no”. For this parent, therefore, similar to Mary, feeling listened to and supported was important even though this did not lead to the desired outcome.

### **Political and Social Action: Motivation for Research Participation**

Another way in which some parents tried to fight was through involvement in political change. For several parents, this was their aim of taking part in the research. Lucy made a range of suggestions:

*“what I think social services needs to realise or the local authorities need to realise is, (pause) people in in these kind of problems it, you, there is no quick fix. It isn't a quick fix, you are gonna have to go in there to not remove children, you're going have to go in there and work*

*with them continuously, and not just on the level where you're just popping round once every 6 weeks just to have a look."*

For Lucy, participating in the research was a way of sharing her wider views around adoption and getting her voice heard. Other parents had more specific reasons, for example Anthony wanted changes in sibling contact and suggested that:

*"If talking to someone like yourself and getting involved is a way of making changes then yeah, 'cos there is changes that should be made."*

Similarly, Lucy wanted to express her view that adoptions should have direct contact:

*"I do all of this because I believe the adoptions should be open adoptions, that way there would always be somebody in the know somewhere of what is going on, and whether these things do work as well as building that child the best network it could have rather than shutting doors that don't really need to be shut."*

This view was also held by Melissa, and was a reason for her wishing to participate:

*"I think the way social workers treat people, I think the way the judges make their decisions, um I don't think there should be closed adoption arrangements I think there should be open adoption arrangements if possible."*

In addition to participating in this research, some birth parents had also been involved in other initiatives for example developing training programmes, or resources for social workers, and being involved in political consultations. Other parents made formal complaints, or contacted their MP about their situations.

Other parents had more modest hopes but still hoped that by contributing to the research they could help parents who may be in similar positions:

*"I just want other people to listen to talk about them, sorry, talk about their problems and to listen to social services, 'cos that's where I went wrong, I don't want anyone else going wrong."*  
(Katie)

Sally wanted other birth parents to know that they are "not the only person that's been through that" and hoped that by participating in the research she could offer "comfort" to other birth parents.

This suggests that whilst birth parents do feel powerless within adoption proceedings, and have had many experiences of powerlessness within their wider life, some birth parents do have the resources to try and change the situation for others through social action and acts of resistance. Chapter 3 considered the ethical issues with regard to participants choosing to utilise the power available to the researcher to share participant's voices (Fine et al. 2000). It also raises issues about the impact

of the research on policy and practice, and whether this is in line with parents' expectations. Colin had an awareness that research may be used negatively;

*"All research is good but there is also a fatal side of research, because there is always a downside. See they could use it, everything I've said, they could use it in reverse and change the law completely so it will never happen on some of those things."*

For those parents who chose to participate so that their voice could be heard, and they could reassure other parents in similar circumstances, the risk of limitations is lower than those parents including Colin, Lucy, and Claire and Anthony who want a change to policy particularly in terms of post-adoption contact and the possibility of more open adoption.

### **Knowing when to stop**

Whilst some parents chose to 'fight' by contesting or appealing the adoption, other parents made a decision to stop. They chose to stop for a variety of reasons. For Claire and Anthony, and Nina, this was influenced by legal advice:

*"I had the opportunity to appeal against it, because er the courts wrote to me and said look you can now appeal, but from speaking to my partner about it and speak at this time I was still in contact with my solicitor spoke to her about it and she said it's pointless, social services have got you now exactly where they want you it's pointless appealing against it because you don't want to go walk through that court again and they still say that you can't have him back, so I didn't bother." (Nina)*

For Nina, who viewed the adoption as forced, the trauma of going through court and the chance she felt she had of winning the appeal led to her decision not to appeal.

### **Discussion**

The findings presented in chapters four, five and six highlight the diverse experiences of birth parents and the complexity of feelings and perceptions that they have regarding adoption. The difficulties that birth parents faced were often messy and complex. Whilst birth parent voices are apparent within literature, they continue to be dismissed (Garrett 2002). However, it is vital to listen to birth parents as they can offer lessons for working with parents in the future and contribute to a wider understanding of adoption. This is not simple to achieve, as parents have different perceptions, and in some instances they have opposing views. Despite these complexities, a number of key themes were demonstrated from the findings.

### **Parenting under adversity**

A key finding which runs throughout is parenting under adversity. Parents experienced many types of adversity, from structural factors including socio-economic difficulties, and gender inequality manifesting in relationship difficulties and domestic abuse, to individual factors including having



children close together and becoming pregnant early on in a relationship. Many birth parents experienced multiple factors. These factors have also been highlighted by previous studies (Neil 2007, Roberts et al. 2017). Bourdieu's theory of habitus highlights how an individual's ability to act within the social world is effected by the unconscious acquisition of the rules and structures of society (Swingewood 2000, Webb et al. 2002). Habitus is acquired during childhood, through the family and education system. The findings illustrate how many birth parents were in the care system or known to social services during childhood. This would therefore have impacted the formation of habitus.

It is important to note that there were exceptions, for example, Melissa had a higher educational qualification than other birth parents included in this research, and Lucy reported a childhood without involvement from the local authority. However, these birth parents still reported power differences between themselves and social workers, suggesting that whilst some birth parents may have acquired greater levels of economic capital, they lacked other forms of capital.

The findings illustrate the day-to-day lived experiences of poverty for birth parents, including difficulties with food, difficulty providing gas and electricity, and providing items for children such as nappies. Poverty also impacted on birth parents' housing options, leading to examples of private renting, poor housing conditions, uncertainty and short eviction notices, and for several birth parents periods of homelessness whilst pregnant or caring for children. Gillies (2006) illustrated how the consuming nature of poverty shapes motherhood, and this was apparent for the birth mothers within this research.

Bywaters et al. (2017) found that children in the most deprived centile are 11 times more likely to be looked after than children in the least deprived centile. However, poverty is often unacknowledged by social workers when undertaking individual casework (Morris et al. 2018). This research therefore emphasizes the need for social workers to understand the impact of poverty on birth parents. Neglect is defined as "The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development" (DfE 2015:93). This can include failing to provide adequate food, clothing, shelter and protection from physical and emotional harm (DfE 2015). However, some birth parents struggled to meet these basic needs. There is therefore a link between poverty and neglect, but dominant discourse ignores the structural link between poverty and neglect in favour of one of individual pathology and blame (Gupta 2017). This could lead to moral judgements about what constitutes 'good enough parenting' (Garrett 2009:39). This link therefore needs further consideration by social workers.

Adversity experienced by birth parents was often exacerbated by the adoption process. This was due to a number of reasons, including practical factors including regular attendance at court, contact and assessments, and also the emotional impact of court exacerbating existing problems like mental health and substance misuse.

### **Gender**

For birth mothers, gender was an additional factor contributing to their experiences of adversity. Claire and Anthony illustrate how birth mothers and birth fathers within the same family can have different perceptions and experiences. Birth mothers reported additional caring responsibilities, and undertook the majority of day-to-day parenting tasks when they had a partner. Domestic violence was a factor for 11 out of 12 birth mothers. Concepts of mothering were important, with birth mothers describing themselves as 'good' mothers, or distinguishing between 'bad' or 'ill' when describing the circumstances leading up to adoption. Being a mother is viewed by society as an intrinsic part of being a woman, and the birth mothers appeared to have internalised these values (Dominelli 2009). Birth mothers felt stigmatised and devalued, not only by the local authority, but within wider society and discourse around motherhood (Phoenix and Woollett 1991). Symbolic violence, in the form of naturalising additional caring responsibilities, was apparent throughout the interviews (Skeggs 2004).

### **Trauma**

A further theme highlighted within the findings has been the trauma experienced by birth parents in relation to adoption. Memarnia et al. (2015) highlight how the inability to have their loss socially validated led to birth mothers disconnecting from their emotions. This sense of disconnect was apparent within the findings, with the adopted child being absent from birth parents' narratives in instances where parents had contact with other children. Shannon's timeline, where she first discussed her daughter's adoption before talking about her son, who remains in her care, highlighted this absence through what was left unsaid and also the style of her narrative which was much more hesitant and stilted when discussing the adoption. Trauma was present for some birth parents after considerable time has passed. Special occasions appeared to play a role within this due to memories they exposed or highlighting the experiences that birth parents were missing. This research therefore supports the assertion from literature about the long-term negative effects of adoption on birth parents (Bouchier et al. 1991, Charlton et al. 1998, Howes et al. 1992, Logan 1996, Memarnia et al. 2015, Winkler and Van Keppel 1984).

However, for Melissa and Shelley, the use of photographs served as a way to open up conversation and preserve memories of the adopted child. Whilst this could be painful, it allowed Melissa and

Shelley to talk about their adopted children in a way that other parents did not do, highlighting some of the 'everyday' acts of mothering and the sense of loss to themselves and the child. It also illustrated how those parents wanted to be involved in life story work, and wanted the children to know why, in their view, they were adopted. In both cases, the life stories had been created with a view that one day they would be shared with the adopted child. This is relevant to birth parents' lived experiences of consent, as for Melissa and Shelley it was important that their children were aware of their side of the story in addition to the accounts that their children were told by the local authority. Literature suggests that birth parents do not have a voice within adoption discourse, and professional voice is emphasised (Garrett 2002, Ryburn 1995). These examples show how birth parent views may be silenced within individual cases in addition to wider adoption discourse.

The court process was particularly traumatic for birth parents. This was apparent both in terms of the trauma described by birth parents in relation to attendance at court, and also from an absence of discussion, because parents were either unable or reluctant to talk about court. Previous research has shown that birth families want a balance between support and assessment (Featherstone et al. 2018). Neil (2017) calls for birth families to be supported during care proceedings rather than leaving all support until after the adoption order has been granted. The above findings support these assertions and suggest that birth parents need support throughout the adoption process.

### **Mismatch in communication**

The findings also highlighted a mismatch in communication between birth parents and professionals. This was in a number of areas, including a mismatch in perceived support needs, with birth parents wanting practical support to address factors including poverty or behavioural difficulties with their children. It was also evident throughout the adoption process, with birth parents' reporting a lack of understanding around assessments and mental health diagnoses. Smeeton and Boxhall (2011) suggest that birth parents should be protected from unnecessary psychological assessments in the same way that children are protected. Whilst the above findings do not explore assessments in enough depth to support this assertion, it is clear that the purpose of assessments and any mental health diagnoses should be explained to birth parents in a way they can understand, and that assessments should include birth parents strengths as well as difficulties.

### **Consent**

Research suggests that parents' lived experiences of consent may differ from the legal framework (Neil 2017, Wiley and Baden 2005). The findings clearly portray differences in birth parents' lived experiences of consent, both between and within families. Shannon initially consented to her child's

accommodation in foster care prior to her adoption, whilst Lucy described the traumatic events of the removal of her children. Claire and Anthony accepted the adoption of one of their sons, but successfully contested the other. Melissa contested the placement order for her son, but was unsuccessful. The differences in birth parents lived experiences of consent are worthy of further exploration.

Parents' understanding of consent was explored in two main areas, entry to care and adoption. The findings illustrated that entry to care was predominantly non-consensual, and where parents agreed to care under The Children Act (1989 s.20), this was because they felt that they had no choice or they perceived the entry to care to be temporary. This raises questions about the appropriateness of voluntary accommodation in adoption cases. Birth parents' understanding of consent to the adoption of their child was more ambiguous. The findings highlighted three main views of consent; consenting, persuaded or forced. Four birth mothers had fixed views throughout that the adoption was forced. However, for ten birth mothers and fathers, there was movement between the three groups, with parents often holding contradictory views either in relation to different children or the same child. The needs of their children were often the focus of parents' decisions about consenting, with parents choosing to consent or to 'fight' based on what they felt was in the best interests of their child. Other significant factors included parent's own mental health and the trauma of going through the court process, and for some parents their sense of powerlessness and inevitability. These findings demonstrated that parents' understanding of consent was often fluid and subject to change.

The findings also demonstrated that birth parents had to make decisions about consent throughout the adoption process, whether that was around contact, signing paperwork once the placement order had been granted, or participating in decision making once their child was in foster care. However, due to parents' powerlessness once their children were in the 'system' they felt that they often did not have a choice in these matters, even when they still shared parental responsibility for their child with the local authority. These findings are key as they demonstrate that 'consent' is important to birth parents both in terms of everyday decisions in addition to entry to care and adoption.

### ***Powerlessness***

Similar to previous research, birth parents experienced powerlessness within their wider lives and throughout the adoption process (Charlton et al. 1998, Ryburn 1994, Smeeton and Boxhall 2011). Powerlessness manifested itself through birth parents feeling that they lacked a voice or that their voice was dismissed. For birth fathers, this could be exacerbated if they did not hold parental

responsibility for their child as they could be excluded from court proceedings. This powerlessness often continued after the adoption order was granted, particularly in relation to contact and also in terms of the inequality between birth parents and adopters.

However, many parents were able to demonstrate agency and resistance within the process despite the powerlessness that they experienced. This was achieved through the language of 'fighting' at court, whether rhetorically or by actively contesting or making changes so that their children could remain in their care. Sometimes this could cause problems, for example some parents felt that they were labelled as 'non-compliant' because they questioned or challenged social workers. This can be linked to Bourdieu's concepts of capital, with those in power designating authentic capital and imposing the 'correct' view of the world through symbolic violence (Harker et al. 1990, Webb et al. 2002). There were also some positive findings with regard to birth parents' experiences and their ability to demonstrate agency. Melissa, Laura, Shannon and Claire and Anthony all successfully made sufficient changes to be able to parent a child after losing a child to adoption, and Maggie successfully contested a placement order application. This demonstrates that despite the constraints imposed on birth parents through their habitus, and the adversity and inequality that they face, some birth parents are able to change. This has implications for social work practice, particularly as research suggests that when birth parents have had previous care proceedings, local authorities are likely to initiate care proceedings for infants at younger ages (Broadhurst et al. 2015). This may limit opportunity for birth parents to demonstrate change. This is also concerning as parents reported delays in pre-birth assessments, which may highlight support needs, in cases of repeat pregnancy and proceedings.

## **Summary**

This chapter has explored birth parents' experiences of consent within adoption, and highlighted the difference between the legal framework and birth parents' lived experiences of consent. The first part demonstrated how birth parents views of consent may be fluid and move between different categories of consenting, being persuaded or viewing adoption as forced. For some parents, however, who viewed adoption as forced, their views remained fixed. The theme of powerlessness was then explored, with birth parents demonstrating powerlessness both within the adoption process and their wider lives. The discussion above highlights how this powerlessness serves to constrain birth parents choices and limit their ability to demonstrate their agency within the adoption process. Despite these constraints, however, a number of birth parents were able to keep a child in their care after they had lost a child to adoption.

These findings have therefore raised a number of key points which need further consideration. The timeline chapter demonstrated the benefits of the life history method in placing adoption within the wider contexts of birth parents lives. It also highlighted the trauma and distress birth parents felt about adoption. In parenting under scrutiny, the importance of context was continued through both parents' previous history, and also by highlighting the complex and challenging situations that parents were experiencing, including both structural and individual factors. The chapter illustrated how these complex situations were exacerbated once their children were removed. The significance of gender was also highlighted in this chapter, with mothers experiencing adversity and inequality related to gender. These factors contributed to birth parents feelings of powerlessness both within adoption but also within their wider lives. All of these factors are relevant when considering birth parents views of consent. This chapter has illustrated how parents' understanding of consent may change throughout the process and is often complex and contradictory. All of these factors have implications for social work practice, which will be explored in the following chapter.

## **Chapter 7 Understanding consent: a new approach**

*"I've had the help, I just never listened to them."*

(Katie)

*"If they're supposed to help people, why didn't they help me instead of turning me away?"*

(Colin)

This chapter reflects on the findings outlined in the previous chapters and links them to the theory and research discussed in Chapter 2 in order to address the research question, aims and objectives. The chapter commences by exploring methodological considerations including limitations to the research. It then discusses the key findings that address the research aim. The next part of the chapter discusses birth parents' understanding of consent within adoption in greater depth by introducing a revised conceptual framework, which links the findings with literature highlighted in Chapter 2. The research objectives are also discussed within this section. Finally, implications for practice are considered.

### **Location of research within wider literature**

The Adoption and Children Act (2002) makes provisions both for parents to relinquish their child for adoption, or for the court to dispense with a parent's consent to adopt. Adoptions are therefore differentiated in law between relinquished or non-consensual adoptions. This thesis focused on birth parents' lived experiences of consent within non-consensual adoptions, where the local authority had decided on a plan of adoption for a child. Parental consent is dispensed with upon the making of a placement order (Adoption and Children Act 2002 s.21), so it is not possible to see from statistics how many parents may either 'consent' to or 'contest' adoptions initiated by the local authority. There has therefore been limited research on birth parents' experiences of consent within adoption, but there is nonetheless recognition within the literature that there may be a difference between the legal definition of consent outlined in legislation, and parents' lived experiences of this (Neil 2017). This thesis aimed to explore this gap by using a life history approach to understand birth parents lived experiences of consent.

Chapter 2 explored consent within adoption by reviewing literature about both relinquished adoptions and non-consensual adoptions. There were some studies into how birth parents experience consent within relinquished adoptions, and that has led to an assertion by Wiley and Baden (2005) that the relationship between relinquished and non-consensual adoptions is not clear cut, and consent should therefore be viewed as a continuum (Wiley and Baden 2005). However, there had been limited research around birth parents' views of consent in non-consensual

adoptions. The review of literature highlighted the need to explore consent throughout the adoption process, from entry to care until after adoption. For instance, a recent study questions how parents may consent to section 20 accommodation if they feel coerced (Lynch 2017).

The literature review also demonstrated that whilst structural factors appeared to play a part in adoption, research studies into non-consensual adoption tend to focus on individual factors. However, wider research into the looked after children population suggests that children in the most deprived centile are 11 times more likely to be looked after than children in the least deprived centile (Bywaters et al. 2017). In addition, since the fieldwork element of this research was undertaken, other researchers have also highlighted some of the structural inequalities apparent within adoption. Roberts et al. (2017) found that a quarter of birth mothers and a fifth of birth fathers were likely to have been in care themselves as children. A review of the ethics of adoption highlighted how adoption should be considered within the wider social contexts of poverty and inequality (Featherstone et al. 2018). The findings from this thesis can therefore contribute to a wider contemporaneous debate that is taking place regarding inequality within adoption.

In order to address the interplay of both structural and individual factors, this research aimed to explore birth parents' understanding of consent by considering both structure and agency within adoption. This was achieved through the application of Bourdieu's theories of habitus and symbolic violence to birth parents' experiences of consent within adoption. Habitus demonstrates how an individual's agency may be constrained through factors including class, education and family background (Dillon 2010). Symbolic violence involves domination over how reality is constructed, leading individuals to accept the constraints towards their own agency (Harker et al. 1990, Webb et al. 2002).

Exploring birth parents' experiences of consent was extremely complex, as often their accounts were messy, contradictory and ambiguous. The findings chapters highlight how consent cannot be viewed in isolation. Instead, a number of factors contributed to birth parents' experiences of consent. These are explored below by discussing key findings and the revised conceptual framework.

## **Methodological considerations**

The research perspective drew on social constructionism and feminism, in addition to Bourdieu's concepts of habitus and symbolic violence. A life history method was used to address the research aim and objectives, and in order to keep birth parents' voices central to the research. Life history



interviews were undertaken with 12 birth mothers and two birth fathers, and were analysed using thematic analysis.

The theoretical perspective used social construction and feminism alongside Bourdieu's concepts of habitus and symbolic violence, suggesting that a person's understanding of the world is socially constructed. Both feminism and habitus highlight the relationship between structure and agency and inequality within society. The concept of habitus was particularly beneficial in exploring how an individual's agency may be constrained by how they perceive the world and their place within it (Swingewood 2000, Webb et al. 2002). The perspective fitted my own personal values and positionality, and allowed me to address the research question by allowing birth parents to construct their own narratives about their experiences of adoption. The theoretical perspective therefore allowed for a balance between understanding the individual experiences of birth parents and placing them within a wider structural context.

As the research progressed there were changes made to the initial research design. Initially the aim was to interview birth parents whose children were adopted in 2006 or later, and preferably after 2011, in order to reflect birth parents experiences under The Adoption and Children Act (2002) which came into effect in December 2005. However, this proved problematic both in terms of identifying participants and in some cases dates were ambiguous and parents were unable to give clear accounts. The majority of people's children were adopted 2006 onwards, with some after 2011. However, one parent had two children adopted under previous legislation. For another birth mother, dates were ambiguous, with the adoptions taking place around 2005 or 2006 so could have been under either (although the spirit of the 2002 Act would have been in place for both these parents, as local authorities would have been working towards implementing the 2002 Act). In addition, a number of parents had gaps between adoptions, with several birth parents having children adopted under both previous and current adoption legislation. For these parents the legislation and time their children were adopted did not seem to matter, and any difference in process was not mentioned or spoken about.

Whilst context has been shown to be significant in terms of birth parents and consent within adoption, the specific Act under which children were adopted did not appear to be relevant to birth parents. The findings illustrate how birth parents lived experiences of consent were influenced by a wide range of factors, of which legislation would have only been one part. The life history method was therefore useful in highlighting these additional factors and placing birth parents experiences of adoption and understanding of consent within the wider context of their lives. However, a detailed

exploration of the court and adoption process was not possible due to the trauma birth parents experienced and their reluctance or inability to discuss court proceedings.

Future research using alternative methodologies, such as ethnographic research and use of observation, in addition to speaking to professionals, or case file analysis, may be beneficial to further understand the court process. However, these would raise ethical issues due to the traumatic nature of adoption and the impact on birth parents. It also risks losing the voices of birth parents within the wider process. For the purposes of this research, therefore, a life history approach was beneficial as it was able to address birth parents' experiences of adoption and consent, and also highlighted birth parents' voices. The wide scope of life history methods also allowed for unexpected themes to emerge in a way that alternative methods such as more structured interviews with a tighter focus on purely adoption may not have.

The data was analysed using thematic analysis, to explore themes both within and across cases (Braun and Clarke 2013, Riessman 2008). The benefits of thematic analysis included flexibility in applying a theoretical framework, and the ability to explore both similarities and contradictions within the data. Some time was spent reading through each transcript as a whole, in addition to using computer-assisted qualitative data analysis software (CAQDAS) to code and organise the data. Codes were derived directly from the data, with broader themes developed both from the codes and also from the original version of the conceptual framework outlined in Chapter 2. Overall, this method of analysis was beneficial in developing themes and helping to identify key features to add to the developed conceptual framework. However, Chapter 4 illustrates how narrative, and the importance both of what was said and also left unsaid by participants, was significant. The use of a narrative approach to data analysis, which explored the form of the narratives in addition to the content, may therefore have been beneficial in order to further enhance the themes identified.

Chapter 3 highlighted how credibility issues within qualitative research could be overcome through a number of measures including triangulation of participants and methods, negative case analysis, and transparency regarding the research process. Whilst there was a range of participants, only two birth fathers participated. Therefore, findings regarding different perceptions between birth mothers and birth fathers need following up in future studies. The participants were also predominantly White British, so further research is needed to ascertain the views of birth parents from Black and Minority Ethnic backgrounds.

Despite these limitations, the research had many positives. The findings have illustrated the diverse experiences and perceptions of birth parents, and the life history method was useful in highlighting

tensions and contradictions both within and between cases. The use of thematic analysis also highlighted a number of common themes between birth parents. These were developed into a conceptual framework, allowing for transparency within the research. Whilst it is therefore not possible to suggest that the study was representative, a number of common themes have emerged. These themes were developed due to the richness of the data, which would not have been possible within a wider study. The follow up focus groups were also useful in terms of affirming these common themes.

Ethical issues were also a key consideration throughout the research. Throughout the research I was mindful of power inequalities and the risk of participants sharing more than they were comfortable with, and the risk of sensationalising results (Letherby 2003, Plummer 2001). I have therefore been mindful to ensure that all participants were represented within the findings chapters, and have aimed to illustrate a range of different perceptions from birth parents, even where these perceptions may prove unpopular or uncomfortable to read. Efforts were also made to return transcripts to birth parents, although it was not possible to return every transcript as I was unable to contact some parents after the transcripts had been completed.

Overall, I was happy with the theoretical perspective and life history method used. However, there were several practical aspects to the research that upon reflection I would have done differently. I underestimated how difficult it would be to access participants and how long this process would take. I would therefore have started this process earlier and contacted a greater number of agencies. I aimed to spread out the interviews, but due to the time it took to access participants the majority were carried out within a short timescale. This meant that I was unable to type up transcripts between my first and second interviews, and whilst I did take some handwritten notes due to the volume of interviews at the time there was inevitably some repetition during the second interviews as a result. It also meant that it took longer to write up the transcripts and was therefore not possible to contact all participants after the transcripts had been written and checked in order to return copies. However, whilst these practical issues were learning points for me as a researcher I do not feel that they detract from the value of the research.

### **Limitations**

There were a number of limitations to the research several of which have been alluded to in the section above. Firstly, whilst it was beneficial to speak to both birth mothers and birth fathers the findings in relation to birth fathers is tentative as only two birth fathers participated in the research. It would therefore be beneficial to carry out further research with birth fathers, or with couples, to continue to explore some of the gender dynamics within adoption. In addition, the sample was

predominantly made up of birth parents accessed via adoption support agencies. This is not unusual within adoption research and is a limitation in a number of studies, for example Logan (1996), and Neil et al. (2010). However, I did manage to speak with three birth parents who were accessed through other family support agencies and so did not receive traditional adoption support, and one birth parent who had no support at the time of the interview. This was beneficial in terms of ascertaining perceptions of birth parents not involved with post-adoption support agencies, and further research would benefit from finding alternative ways of contacting birth parents. The above section also highlighted some of the methodological limitations of the research including the small scale nature of the research. However, this must be balanced with gains made in terms of the richness and depth of the data obtained.

The aim of the research was to hear birth parents' perspectives; therefore the research did not consider the views of children or adoptive parents. This was intentional, as birth parent voices have traditionally been marginalised within adoption discourse. However, some of the views of birth parents may be in tension with those of the child and adoptive parents. Therefore, further research could consider some of the factors raised within this research with adoptive children and adopters to ascertain both areas of agreement and tension.

## **Key Findings**

The aim of the research was to explore birth parents' experiences of adoption from care, including their understanding of consent. The previous chapters have illustrated a number of significant findings around this aim. This section outlines the central themes that emerged from the research.

### **Birth Parents Experiences of Adoption**

#### ***Trauma: "We just carry on"***

A prominent theme within birth parents' narratives about their experiences of adoption has been that of trauma. For the participants within this research, trauma permeates every aspect of the adoption process and birth parents' ongoing lives. For birth mothers, the trauma experienced through the loss of their children, and society's reaction to this loss, causes them to question their very identity as mothers. Chapter 4 illustrated how the adopted children are notable within birth parent narratives by their absence. Morriss (2018) illustrates how this absence affects birth mothers:

*Their children are there and yet not there; they are living and yet out of reach and invisible. Furthermore, the mothers are silenced by shame and the justifiable fear of future children also being removed through the Family Court system. Thus, stigma not only impacts on the mothers' pasts and presents, their very futures are stigmatised. (Morriss 2018:828)*

Morriss argues that this threat of future removal serves to further silence the voices of birth mothers. This research has shown that the threat of future removal silences both birth mothers and birth fathers.

### ***Complexity***

Another key feature of birth parents' narratives was the complexity of their lives and the circumstances in which their children were adopted. For many of the birth parents, particularly birth mothers, the trauma of adoption ran alongside other trauma including domestic violence, rape or sexual abuse, and mental health issues. In addition to these complex circumstances, many birth parents were trying to parent in the day to day lived reality of poverty which caused difficulties with accessing food and electricity, and unsafe or transient housing situations. Therefore, the participants within this research were trying to parent under very complicated circumstances.

Acknowledging the adversity and poverty experienced by birth parents is important, as the findings clearly illustrated that this impacted their parenting capacity. Gillies (2006) found that poverty shapes experiences of motherhood, due to the consuming nature of obtaining money and housing. Research suggests that social workers do not acknowledge poverty within their case work with individual families (Morris et al. 2018). However, poverty is closely linked to neglect therefore a consideration of poverty within adoption cases is essential (Gupta 2017). An understanding of birth parents lived experiences prior to their child being adopted, including the day-to-day impact of living under adversity, can therefore contribute towards social workers understanding of the impact of poverty.

The life history approach was beneficial in highlighting some of the complexity of birth parents' lives. The use of timelines and photographs for elicitation was helpful in illustrating some of the problems birth parents experienced. The difficulties many birth parents found in trying to tell a linear story further served to highlight both the trauma and complexity experienced by birth parents. The loose structure of the 'life history interview' meant that adoption was explored within the context of birth parents wider lives, thus allowing space for these additional experiences to be discussed.

### **Birth Parents Understanding of Consent**

The findings around birth parents' understanding of consent within adoption were important because they link consent to wider issues impacting birth parents' experiences of adoption. They illustrate how birth parents played little active role in consent to adoption. The formation of habitus has been significant, as it contributed to feelings of powerlessness within birth parents wider lives, which has in turn led to powerlessness within the adoption process and therefore a direct impact on

a birth parents' ability to consent. There are instances of birth parents demonstrating resistance and agency, outlined below, but nonetheless their choices are constrained. Despite this, a minority of parents demonstrated sufficient change to parent a younger sibling of their adopted child.

Therefore, the findings clearly demonstrate that birth parents' lived experiences of consent, and the narratives they build around this, are important in terms of their own feelings of self-worth and identity, and how their views are both conveyed to their children and impact on areas such as post-adoption contact and support. The conceptual framework below discusses the research question in more depth by linking birth parents' understanding of consent within the adoption process to their experiences of adoption and also their wider lives.

### **Resistance and Agency**

Despite the constraining factors around birth parents' consent within adoption, the research highlighted a number of ways in which birth parents have demonstrated their agency within the adoption process. The court process was often an opportunity for birth parents to demonstrate their agency, whether this was purely rhetorical, through the use of language about 'fighting' or 'battle', demonstrating resistance by opting out and being passive, or actively contesting the adoption (both pre and post granting of the placement order). Birth parents were therefore able to demonstrate their agency and object to the depiction of professionals as having a more authentic capital and 'correct' view of the world through symbolic violence (Harker et al. 1990, Webb et al. 2002).

Legislation views all adoption from care as non-consensual, and a placement order dispenses with a parent's consent within adoption (Adoption and Children Act 2002 s.21). The findings have highlighted how parents' agency within the adoption process is limited, both due to the adoption process but also wider factors including birth parents' habitus and experiences of symbolic violence. Despite these factors, findings from this research have been beneficial in exploring birth parents' lived experiences of consent within the adoption process. It has illustrated the different perceptions of consent held by birth parents, and the importance that parents attribute to these perceptions. It also recognises birth parents' ability to demonstrate their agency within and resistance to the process, even if this is not acknowledged as such during the process.

The findings also highlighted difficulties within the appeal process. Four parents actively contested a placement order. Whilst they had different outcomes, a number of key points emerged. Birth parents encountered difficulties accessing legal aid, completing paperwork and travelling to court without economic assistance. The help of a supportive solicitor was essential, in terms of both gaining a positive outcome and knowing how to undertake the appeal process. Despite these issues,

four parents, including one who described herself as having learning difficulties, did contest. The appeal process was therefore important for these birth parents to demonstrate their agency and resistance within the process.

At the time of interviews, five parents (four single parents and a couple) had successfully kept a child in their care after an older sibling was adopted, and one parent had successfully contested a placement order and fresh care proceedings were starting. For some parents a significant amount of time had passed between the adoption and the birth of their younger child, whilst others became pregnant during or shortly after care proceedings for the adopted child. This suggests that for a number of parents, change is possible and links to Bourdieu's theory that a person's habitus can change, although this is usually gradual (Webb et al. 2002). Whilst for these factors some of their circumstances may have changed, such as being older or ending relationships, parents continued to face multiple adversities whilst parenting these younger siblings. Similar to Morriss (2018), they also faced additional scrutiny from children's services and the ongoing fear that they could be removed, as well as trying to manage the trauma and loss of their adopted children.

## **Conceptual Framework**

Conceptual frameworks are useful to highlight the relationship between important features of the research (Miles, Huberman and Saldana 2014, Robson 2011). The literature highlighted the lack of research into birth parent's understanding of consent within adoption. The conceptual framework is therefore useful in outlining the key findings in relation to birth parents' understanding of consent within adoption and placing them in context with wider findings around birth parents' experiences of adoption. A key finding within the review of literature in Chapter 2 was around the silencing of birth parents voices within adoption discourse. This created the basis for my original conceptual framework (Chapter 2 Figure 4, replicated below). Birth parents' voices were situated in the centre of the diagram to illustrate the central focus of the research. This was important as the review of literature illustrated how birth parents' voices were absent from wider adoption discourse. The lilac outer circles highlighted the context in which birth parents' voices were situated, including the legal framework, and social work practice and values. The blue outer circles highlighted three aspects of birth parents' voices that were focused on within the research: parents' wider lives including structural factors, parents' narratives of the adoption process, and parents' understanding of consent.

This framework was a useful basis with which to start the research. It was helpful in identifying the best approach with which to undertake the research, as it highlighted the centrality of birth parents' voices but also their location within a wider social world which included legislation, social work

practice and structural factors. In order to differentiate between the adoption process and the wider lives of birth parents, adoption and child welfare legislation was examined separately to other structural factors that could affect the birth parents as a 'person in environment', such as socio-economic factors and wider legislation. This led to the identification of the life history approach, which was used to place the individual life stories within a wider social context (Tierney 2000).

However, the conceptual framework did not illustrate the full impact of the research. The importance of power, and the flow of power between birth parents, other members of the adoption triangle and the social work process, was not illustrated within the framework. In addition, whilst placing birth parents at the centre of the conceptual framework was beneficial whilst the research was being undertaken, particularly in serving as a personal reminder to keep birth parents' voices central, it did not reflect the experiences of birth parents who reported feeling powerless, marginalised and dismissed. The framework also failed to highlight the relationship between consent and power. The literature review did attempt to highlight some of the tensions and power issues apparent within the literature through the use of an extended adoption triangle (Chapter 2 figure 2, replicated below). This was a useful tool to use alongside the conceptual framework, however it would have been beneficial to have a single framework which would have highlighted both factors. Drawing on Bourdieu's concepts of habitus and symbolic violence the links between structure and agency were explored. Again, whilst structural factors were hinted at within the conceptual framework, this theoretical basis for the exploration of the relationship between structure and agency within adoption was not clear enough. Therefore, whilst the original conceptual framework, particularly when used alongside figure 2 to allow for an exploration of power, was useful as a starting point, it failed to reflect the complexities and interrelatedness of different factors within the research.

For this reason, the conceptual framework has been revised to illustrate more of these complexities. This revised conceptual framework therefore may be used to understand how birth parents' understanding of consent is impacted by wider factors within the adoption process. The original conceptual framework has been amalgamated with the extended adoption triangle in figure 2 to better reflect the complexities of the research. This is illustrated in figure 7, which is presented below alongside the original diagrams:



Original Conceptual Framework and Power Diagram:

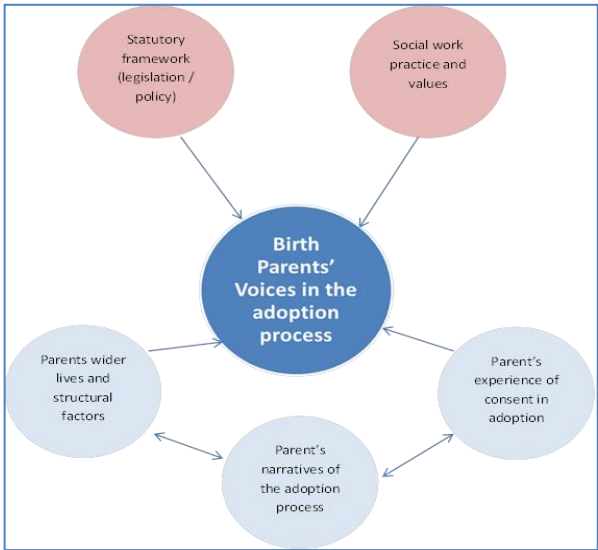


Figure 4 Source: Author

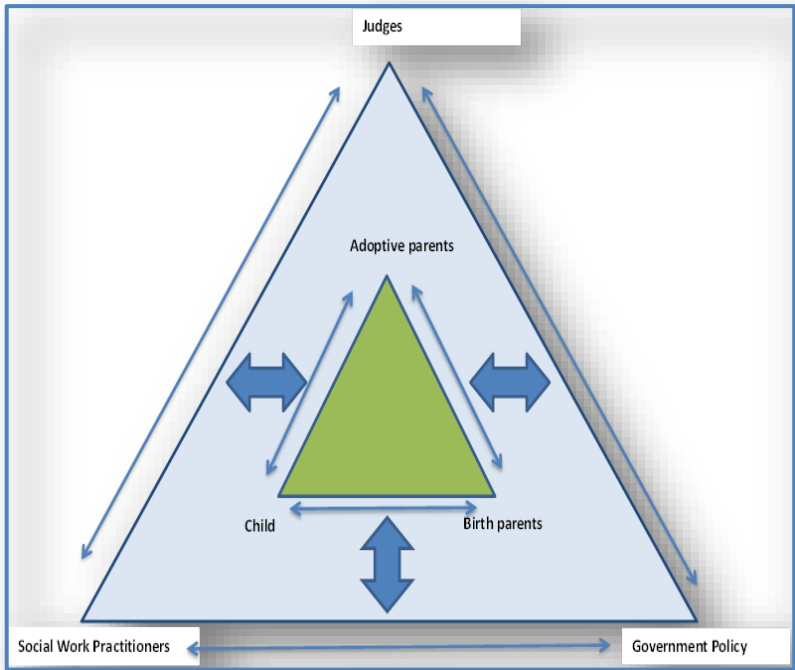


Figure 2 Source: Author

Revised Conceptual Framework:

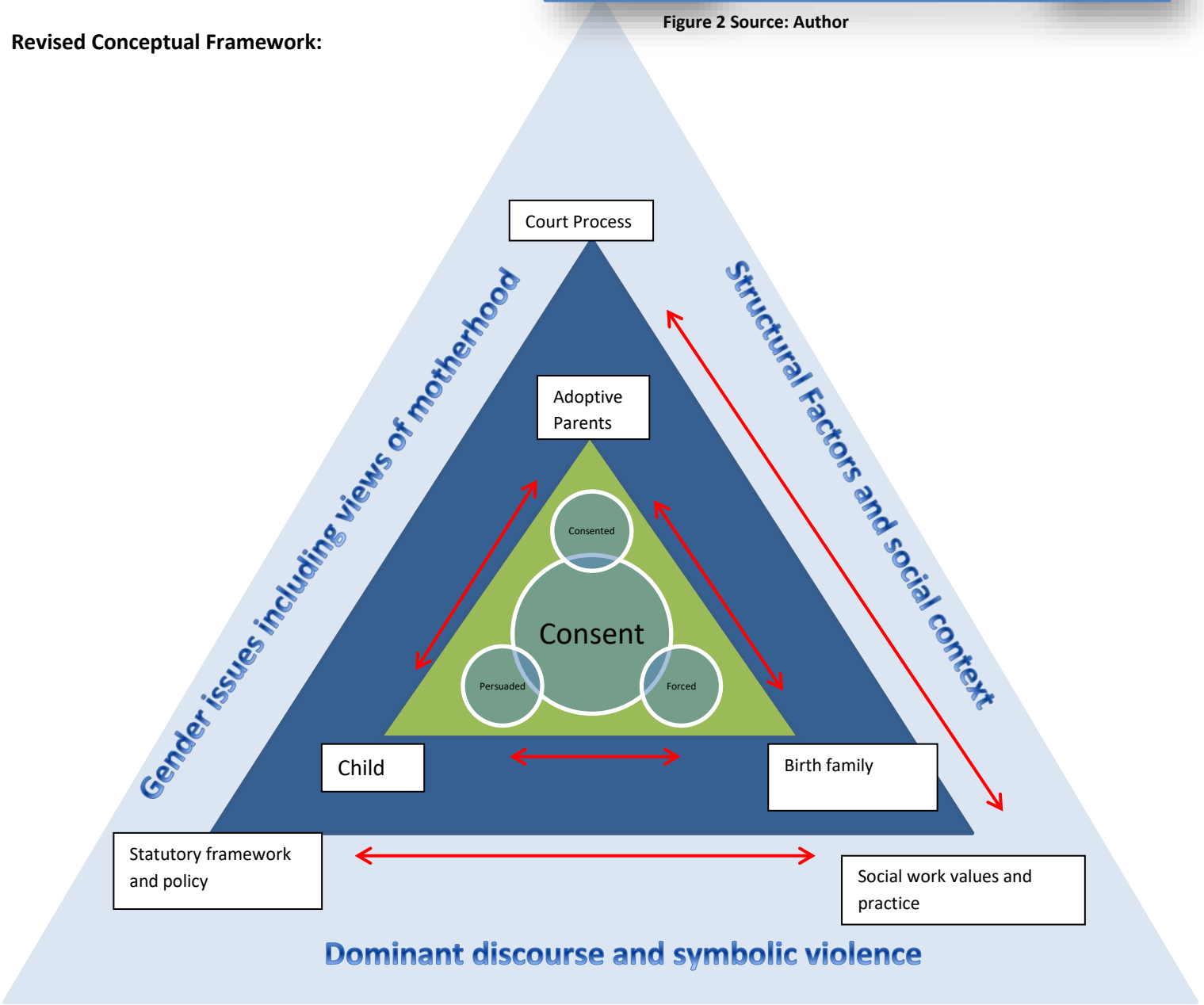


Figure 7 Source: Author

The diagram in the centre of the framework illustrates consent. This has been located centrally to illustrate the significance of consent within the lives of birth parents, and to reflect how consent is impacted by the adoption triangle, adoption process and wider factors. The three categories around the outside of the central circle, Consented, Persuaded and Forced, reflect parents views around consent and the fluid nature of consent experienced by the majority of birth parents. Whilst the research has been about birth parents' understanding of consent, it has been placed within the adoption triangle to reflect the impact that birth parents' consent may have on all members of the triangle. Chapter 6 illustrated how consent is inextricably linked to notions of power and powerlessness, therefore locating consent within the centre of the framework demonstrates how it is affected by all of the intricacies of power within the surrounding layers of the framework.

This research aimed to keep birth parents' voices central, and the original conceptual framework highlighted this by locating birth parents at the centre. Whilst this was beneficial in terms of maintaining the focus of the research, it did not reflect parents' experiences, with parents reporting that they felt that they were dismissed within the adoption process. The revised framework therefore places birth parents back within the adoption triangle, in order to reflect the power imbalances experienced by birth parents, and their position within the adoption triangle. The red arrows illustrate some of the power dynamics between different members of the adoption triangle.

However, the adoption triangle itself is insufficient to illustrate birth parents' experiences of adoption, including consent, so a further two layers to this triangle have been added. The first layer, which was also included in Figure 2, highlights the adoption process. This incorporates the court process, social work practice and values, and the statutory framework and policy. Again, the arrows demonstrate the power dynamic within this adoption processes triangle, with tensions within the adoption process triangle potentially impacting on birth parents experiences. These arrows were included due to the power issues highlighted within the literature, to highlight the tensions between different members of the adoption and adoption process triangles.

Whilst this triangle goes some way to explaining birth parents experiences of the adoption process, it does not tell the whole story. A key part of the thesis was to explore the link between structure and agency in adoption, using a life history approach. Whilst this triangle starts to do this, hinting at social work values and policy, this necessitates another layer. Where do social work values come from? How is policy made? Whilst these are broad questions, for the purposes of answering the research question about birth parents experiences three main areas were derived from the findings. The first, structural factors and social context, was highlighted in relation to the difficulties birth parents experienced before, during and after the adoption and also as a factor related to parents'

ability to consent. Gender, including views of motherhood, was also significant. This could range from the use of attachment theory, to birth mother's internalised views of what makes a 'good' mother, to birth fathers without parental responsibility being left out of the court process. The final side of the triangle highlights the importance of dominant discourse, and how this may be internalised and accepted by birth parents through symbolic violence. Again, the factors in this triangle impact upon the inner layers of the triangle.

This conceptual framework could be looked at in two ways, from the inside out, as has been described in this section, but also from the outside in. This shows the nature of the relationship between power and consent. The following sections discuss each layer of the framework in detail, commencing with a discussion of findings related to consent in the centre of the conceptual framework. It then goes to the outer layer of the triangle, highlighting external factors, before considering the two inner layers. This is because each layer is impacted by those external factors and so an exploration of these external factors is needed before looking at the internal triangles.

### Consent Diagram

The centre of the conceptual framework shows birth parents different views around consent. Three main themes around consent were identified; forced, persuaded and consenting. Whilst for a

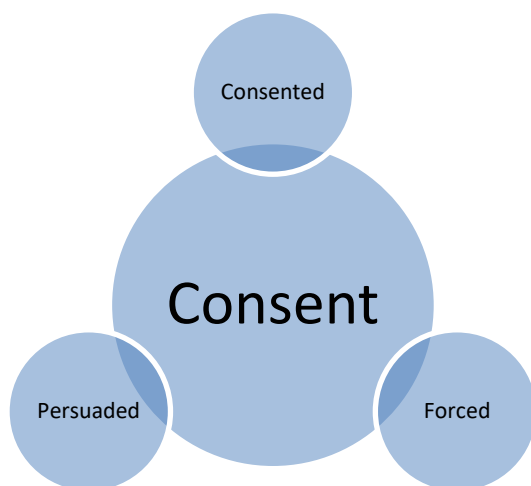


Figure 8 Source: Author

minority of parents their view of consent remained fixed within the 'forced' category, this was not the same for all parents. However, it was not easy to identify, as parents' views could be ambiguous, contradictory and fluid. The different attitudes towards consent have been placed in overlapping circles around the outside of the main circles, to demonstrate that parents could move between each area at different points within their narrative. This is significant as it demonstrates that birth parents lived experiences of consent may differ from 'consent' as it is defined within the Adoption and Children Act (2002).

A key finding related to birth parents' views around consent related to their own decisions about what was best for both the child to be adopted and any siblings. Some parents consented to adoption as they felt that this was best for their child: to settle the child quickly when they felt that they would not win a court case; keep them safe (for example, from birth fathers); or because they recognised their own difficulties and how they would impact their ability to parent. Parents who

were persuaded to adopt were often helped by solicitors or social workers to reach a decision. In this category, parents felt they were faced with little choice as other options, such as multiple placement moves in long-term foster care, or risks to their child, persuaded them to consent. However, those parents who viewed the adoption as forced also felt that they were acting in the best interests of their children, either because they believed that the best place for their child was at home with them or because they would have preferred another form of care such as foster care or kinship care which would have enabled ongoing contact between the child and either themselves or siblings. Within all of these categories, there are indications that birth parents considered the message that they were giving to their children. For some parents it was important that their children knew that they accepted the adoption whilst others wanted their children to know that they had fought to keep them in their care. It is therefore essential for social workers to work sensitively with birth parents and children or in future life story work so that birth parents' views of adoption can be shared with children in a sensitive and appropriate way. It also has implications for ongoing contact issues.

Whilst this research was about birth parents, the experiences and perceptions of birth mothers and birth fathers differed. This is discussed in Chapter 6. For this reason, birth parents have been separated into birth mothers and birth fathers within the consent diagram.

Parents' consent was initially explored in relation to entry to care and the local authority plan to adopt, often signified by the granting of placement or adoption orders. However, the findings illustrated that consent was not purely related to these two areas but was much wider, permeating through all layers of the conceptual framework. A key finding regarding consent was the relationship between consent and power, with birth parents reporting feeling powerless both within their wider lives and whilst in the adoption process. Parents' consent within adoption should therefore always be viewed within the context of power.

Bourdieu's theories of habitus and symbolic violence were used as tools to explore birth parents' agency in deciding to consent within the wider triangles, due to the joint consideration of both structure and agency. One theme that illustrates the usefulness of this theory that was significant throughout the research was the importance of past experiences to birth parents' present experiences of adoption. This could include birth parents' own childhood experiences, and also past involvement with Children's Services. This theme illustrates how a birth parents' habitus could impact on their experiences and ability to 'consent' to adoption. Habitus illustrates the importance of past experiences, with claims that the foundations of a person's habitus are laid in childhood (Garrett 2007, Swingewood 2000). Habitus therefore contains elements of both structure and

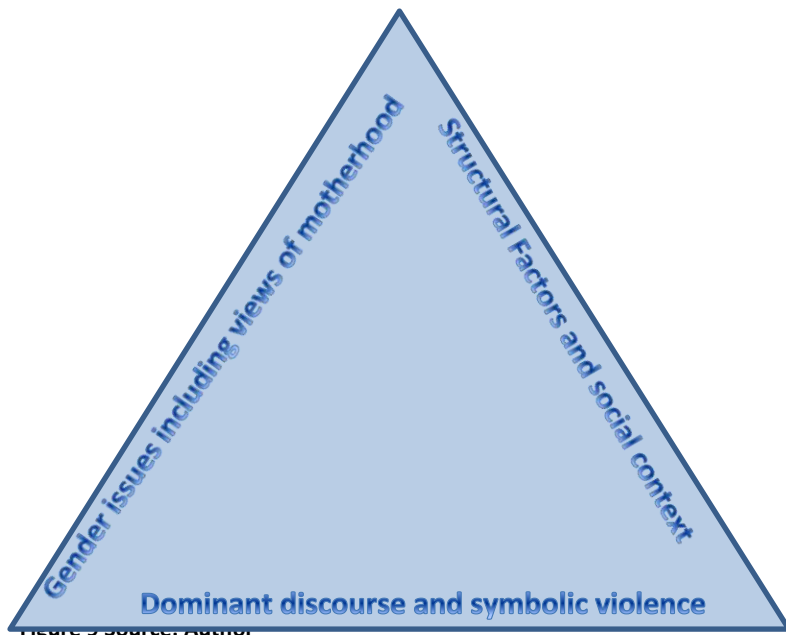
agency, as it suggests that individuals unconsciously absorb the rules of society in order to both understand and act in the social world (Swingewood 2000, Webb et al. 2002).

Birth parents' habitus would have been informed by a number of different fields including their family and the school they attended. This habitus would have been informed by both internal and external forces. For example, childhood experiences including lack of schooling, frequent moves due to being in care, and witnessing domestic abuse would have given birth parents a particular view of society and their place within that society. These experiences would therefore impact their level of cultural, economic and symbolic capital, causing birth parents to internalise their experiences in the form of symbolic violence, thus impacting the inner diagram within the conceptual framework. However, this internalisation would also be influenced by external factors within each layer of the triangle. Society's attitude to class and gender would have played a part in forming both parents and others (e.g. social workers, judges) views about parenting and mothering. These attitudes would also feed into policy within the adoption process triangle. Therefore, professionals within the adoption process triangle may have differing views on the impact of birth parents' past experiences and parenting capacity, due to differing social class and greater levels of cultural, economic and symbolic capital. Finally, differing levels of capital between adopters and birth parents (which were illustrated within the findings in terms of taste with name changes, and adopter's greater economic capital leading to children having more opportunities to succeed educationally and culturally e.g. holidays abroad) contributed to some of the power issues within post-adoption contact. Within the adoption process triangle and the adoption triangle, birth parents may have less power within any transactions due to having lower levels of capital, and therefore less opportunity to suggest that their capital is 'authentic' (Webb et al. 2002).

The example above therefore illustrates the relationship between birth parents' understanding of consent, placed within the centre of the conceptual framework, and each layer of the triangle. The following sections consider each layer of the framework in turn.

### **'Wider Context' Triangle**

This layer of the conceptual framework illustrates three main themes; structural factors and social context, dominant discourse and symbolic violence, and gender issues including views of motherhood.



Structural factors included but were not limited to poverty, education levels, housing issues and employment. In addition, many birth parents had experienced previous social services involvement as children, with half of the birth mothers having a history of care or adoption themselves. The above section highlighted the formation of habitus in childhood, and constraining

factors including levels of capital and social class. Findings suggested that birth parents had limited economic, cultural and symbolic capital. Whilst there were some exceptions to this, for example where a birth mother had increased cultural capital due to higher education levels, this was often mitigated due to decreased symbolic capital. Timing and location were also significant in terms of social context, with different locations having different levels of support, and parents' experiences being perceived differently due to changing attitudes or policies. However, in contradiction, with the exception of one birth parent who was unhappy with the language of 'Freeing' for adoption (The Adoption Act 1976), there was little difference in birth parents' individual accounts with regard to whether their child was adopted under The Adoption Act (1976) or The Adoption and Children Act (2002). Birth parents were therefore parenting their children under adversity prior to their children becoming adopted, often facing complex and multiple difficulties.

Individual factors reported by birth parents that they perceived as impacting their parenting capacity included having children close together, at a young age, and becoming pregnant early on into a relationship. Bourdieu's concept of habitus illustrates how class differences are reinforced by differences in taste and social practices. An example was given in Chapter 6 of adopters changing the name of the child as a reflection of class difference in taste. Therefore, those factors above, which birth parents may have viewed as 'normal' or 'acceptable' within their own habitus, may have been judged negatively by those with greater levels of cultural and symbolic capital. It also links to political views of 'the family' which have changed to focus on the child as an individual rather than as part of a family (Gillies 2006, Parton 2011). This change has coincided with the rise of neuroscience and the focus on the first three years of a child's life, which has linked poverty with

poor parenting practices (Macvarish, Lee and Lowe 2015). Gillies argues that this focus on the individual is driven by moral superiority, with working class being viewed as 'other' in order to affirm middle class practices (Gillies 2006:76).

Structural factors and social context led to experiences of powerlessness within the wider lives of birth parents. This powerlessness within birth parents' wider lives had an impact on their experiences of adoption. This will therefore constrain birth parents' agency with regards to consent. Powerlessness and adverse experiences appeared to be impacted by gender inequality. Views on gender and motherhood are impacted both by symbolic violence and dominant discourse. These views may be linked to attachment theory which has traditionally been associated with the relationship between the mother and child (Aldgate and Jones 2006, Ingleby 2006, Nicolson et al. 2006). Attachment and neuro-scientific theories of brain development have been prevalent for a long time within social work, with a focus on the bond between the main carer (often viewed as the mother) and child, and a focus on the first three years of a child's life (Garrett 2017, Wastell and White 2012). Neuroscience has gained more mainstream prominence recently, and can be biased against parents impacted by poverty (Macvarish et al. 2015). However, there is a danger that these theories may avoid some of the complexities of mothering and ambivalence, leading to overly coherent theories (Featherstone 1997).

Alongside the growing popularity of neuro-scientific theories of brain development, the review of literature highlighted a dominant discourse of individual blame and responsibility (Gillies 2006, Parton 2011, Featherstone et al. 2014). This has increased first with neoliberalism and now within UK government policy on austerity, which along with the use of neuroscience may serve to suppress structural explanations for adversity and parenting capacity (Macvarish et al. 2015). The findings have illustrated how this has impacted differing layers of the conceptual framework, with both birth parents taking on individual responsibility and also social work and policy views of individualism, with a lack of structural issues considered. However, findings from this research have pointed to the importance of examining both structure and agency within adoption. Whilst individual agency should not be dismissed, it has been clearly illustrated that structural factors also play a significant part in adoption. Whilst this has traditionally been neglected within adoption, a recent review into the ethics of adoption has highlighted the impact of structural factors and suggested that adoption should be located within wider contexts of poverty and inequality (Featherstone et al. 2018). This thesis agrees with this assertion given the complex situations that parents face including a range of socio-economic factors, both before, during and after the adoption process, which impacts on their parenting capacity.

### 'Adoption Process' Triangle

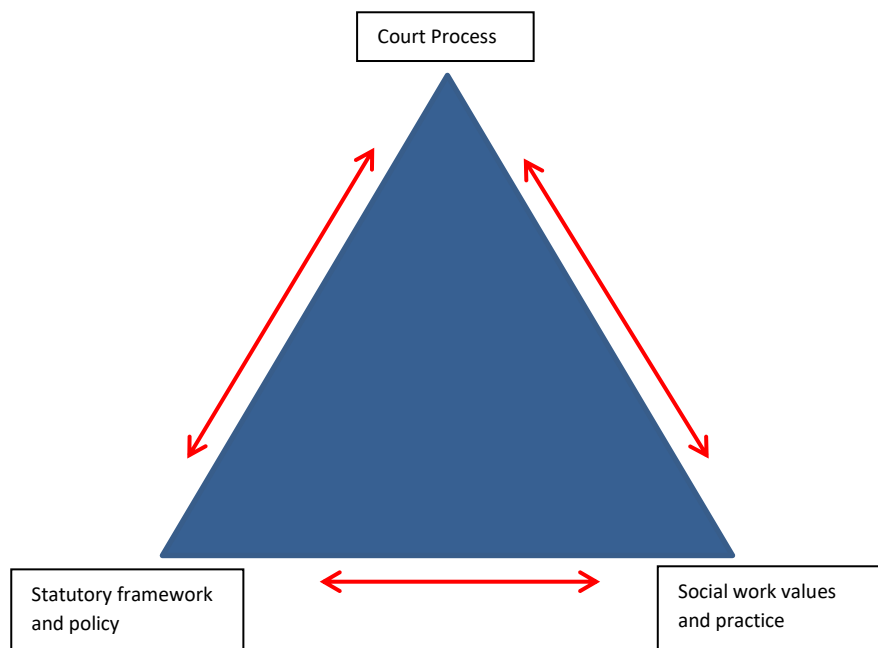


Figure 10 Source: Author

The adoption process triangle illustrates the adoption process, and the impact this has on birth parents. It highlights policy and the statutory framework, social work practice and values, and the court process. It is this triangle that had the greatest impact on birth parents' experiences

and their views of consent, as it is this triangle that sets in motion the process of adoption.

One key finding within this section was the inappropriateness of voluntary accommodation within adoption. Chapter 2 highlighted the possibility of birth parents consenting to their child being accommodated by the local authority under The Children Act (1989 s.20), prior to their children being adopted under The Adoption and Children Act (2002). The use of section 20 has been highlighted as contentious in both literature and court judgements, due to the delay and the impact on this for the child (*Re N* [2015], Lucklock and Broadhurst 2013). However, the judgement does suggest that the use of section 20 for a short period before care proceedings may be appropriate in some circumstances.

A number of birth parents within this study had consented to their children being accommodated under The Children Act (1989 s.20), and for several other birth parents it was unclear whether the entry to care was voluntary or whether parents agreed to a court order. The findings from this research suggest that section 20 may not be appropriate from a birth parent perspective. The birth parents who agreed to section 20 were clear that when they consented, this was because they believed that the entry to care was temporary, or because they consented in order to avoid a court order. These reasons go against the good practice guidance around consent highlighted in the judgement, which suggest that where section 20 accommodation is used, parents should be clear that the child may be removed from care at any time (*Re N* 2015:170). This therefore supports



previous research that suggests that birth parents cannot truly consent if they are faced with coercion (Lynch 2017). It may be that in the circumstances surrounding entry to care, parents were not able to take in the implications of what was happening, or that the risk of care turning into something more permanent was not something that birth parents listened to. Alternatively, the social workers may have believed that care would be temporary until further evidence or assessments were undertaken once the child was in care. In some instances, parents agreed to temporary accommodation or court orders due to advice from solicitors, but it is unclear as to whether all parents had this opportunity. Therefore the evidence suggests that where there is a significant possibility of adoption, the local authority should apply for a court order rather than suggest section 20 accommodation.

For those parents who agree to section 20 accommodation on the understanding that it is temporary, this may have implications on their experiences of consent at the moment of adoption. A parent who felt coerced into agreeing to section 20 may be either more likely to consent, due to feelings of powerlessness, or conversely more likely to oppose due to their experiences. In addition, whilst their child is accommodated under The Children Act (1989 s.20), birth parents' access to other parts of the adoption process triangle, including legal aid, is limited. This could have a negative impact if there is a long gap between their child entering care and care proceedings starting, or in any problems for example with accessing contact.

Parents' views on consent at the time of adoption have been discussed above. A key finding was that birth parents based their decision to consent or contest the plan for adoption around their own perceptions of what was in the best interests of the child (sometimes balanced with other siblings). However, this was not recognised by social workers with some parents being viewed as difficult or 'non-compliant'. Whilst courts and professionals may not agree with parents' decision making, this has implications for how parents are treated with regards to contact. This is significant as care plans setting out proposed contact arrangements are established during care proceedings and parents' views and actions here may therefore have a long-term impact on their future relationship with their child and future adopters. This is discussed further in implications for practice.

Birth fathers without parental responsibility were also impacted greatly by factors within this triangle, but in a different way. Similar to those parents under section 20, their access to the legal system was limited, as they were disadvantaged due to a need to wait for DNA tests to be obtained or for Parental Responsibility to be granted. This could limit both contact with their children and access to court proceedings, leaving birth fathers in a weaker position to express their wishes for their child. Conversely, birth fathers were also more likely to consent to the plan of adoption for

their child. The number of birth fathers who participated in the research was small and this area requires further research to confirm these tentative findings and implications for social work practice and policy.

An important finding related to consent within the adoption process was that it was not confined to the moment the child entered care or the time of adoption, but that consent was a factor throughout the process. Parents were required to give consent, or felt that they were unable to consent, around a range of smaller decisions such as contact, signing paperwork, or attending medical appointments. However, parents often felt powerless within these situations even when they still shared Parental Responsibility for their child with the local authority prior to the placement order being granted. Consent is therefore not limited to entry to care and moment of adoption, and parents make decisions related to consent frequently once their child is in the care of the local authority. Again, this has implications for practice which are discussed below.

Birth parents' consent within adoption appeared to be impacted by two key findings in relation to social work practice and values; a mismatch in communication and the use of attachment theory. In terms of communication, findings show a mismatch in communication between social workers and birth parents. The example of section 20 above is a clear illustration of the impact of this mismatch in communication. However, the findings illustrated many more examples including a misunderstanding of when and how birth parents should be supported, the type of support offered, disagreement in the type of parenting concerns, with parents wanting more practical support, and the bond between parents and child. This mismatch in communication remained throughout the court process, and may be linked to the trauma birth parents experienced throughout the process. Trauma was a consistent theme throughout the research, and has been discussed within the key findings section above. Differences in habitus and understanding of dominant discourse may also play a part in the mismatch in communication. Chapter 5 illustrated how one participant demonstrated a lack of comprehension about the social worker's concerns about her parenting, despite clearly stating the nature of the concerns about her parenting and the 'risk' she presented to her children and grandchildren. For this parent, her early life experiences led to a habitus and internalised view of the world that was so different to the 'authentic' view provided by professionals that she was unable to comprehend the social workers concerns even though she was able to repeat them. For some parents, therefore, they may never gain a full understanding of why their child was adopted, even if they appeared to understand. This may lead to further trauma for birth parents and they may need a greater level of support and help to try and understand and come to terms with this.

The second finding linked to the mismatch in communication was the use of attachment theory. The above section demonstrated how attachment theory and neuro-science contribute to gender discrimination, and also how neuro-science may be biased against parents living in poverty (Macvarish et al. 2015). Many birth parents felt that their past experiences were used against them by social workers, and did not agree with social work assessments suggesting that they were unable to bond with their children due to their own childhood experiences. Other birth parents felt that their own circumstances, including current relationships or childhood experiences of being in care, did impact on their ability to bond with their children but felt that they had not been offered sufficient support to help with this. Difficulties with contact, including managing sibling contact when siblings had been separated, poor quality contact centres, and concerns about contact observations made it difficult for birth parents to maintain good relationships with their children once they were in foster care.

Powerlessness in the adoption process triangle was a common theme within the findings, with parents' feeling that their voices were dismissed. The wider triangle illustrated how birth parents have lower levels of economic, cultural and symbolic capital due to the backgrounds and habitus they have experienced, leading to powerlessness within their wider lives. Those professionals within the adoption process triangle, social workers, professionals and solicitors, would have a high level of symbolic capital due to their level of education and the power given to them by the state in the form of legislation and policy. Findings illustrated how parents felt that their voices were either not heard or dismissed. This had particular implications for parents who either kept a child at home or had a younger sibling who remained in their care, as they lived in fear of that child being removed and would choose to keep quiet and go along with social work suggestions even if they did not agree in order for that child to remain in their care. This is significant in terms of social work views of compliance and disguised compliance.

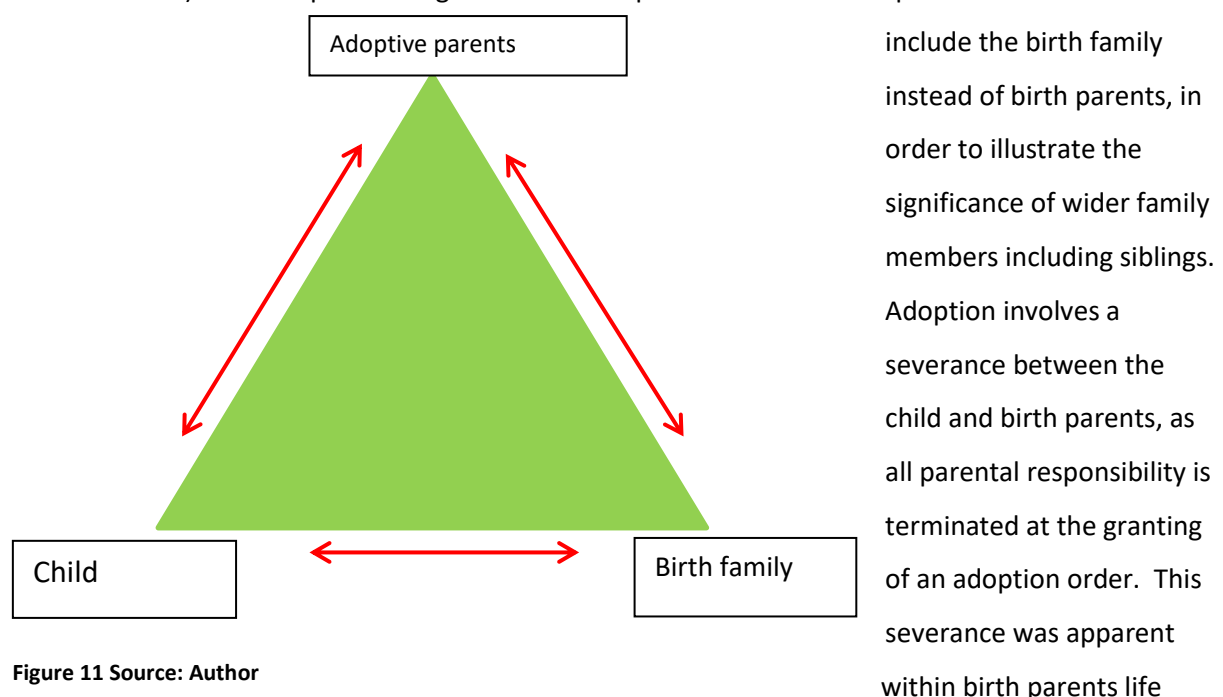
In addition to experiencing powerlessness within this triangle, the adversity birth parents experienced within their wider lives was also exacerbated throughout the adoption process. The reasons for this were both practical and emotional. Practical issues included being unable to work due to frequent contact sessions, assessments and court appearances, or housing issues. Emotional issues were linked to the trauma of losing their children leading to an exacerbation of existing problems such as alcohol abuse or deterioration in mental health.

This section has illustrated a number of ways in which the adoption process triangle, the relationship between policy, social work practice and the court process, has impacted upon birth parents ability to consent within the adoption process. Whilst the adoption process triangle is salient, it has

illustrated that it is impacted by both the wider context and birth parents' own perceptions, highlighted in the previous sections. This leads to a number of practice implications which are discussed below. This suggests that despite birth parents' lived experiences of consent within adoption, the treating of all adoptions from care as non-consensual within the law is beneficial due to the numerous factors that impact parents' consent. The quote from Lucy at the beginning of this chapter highlights this.

### **'Adoption' Triangle**

The adoption triangle has traditionally been used in adoption literature, to highlight the relationship between birth parents, adopted child and adopters (Lewis 2004, Logan and Smith 2005, Treacher and Katz 2001). The adoption triangle has been adapted within the conceptual framework to



**Figure 11 Source: Author**

histories through the notable absence of their adopted child and the trauma and grief that parents expressed over this. This was particularly notable with parents who had other children either in their care or who had some form of direct contact with them, and was highlighted in Chapter 4. For other parents, whilst they were able to talk about their adopted children the information was very limited, or they spoke about them at the age that they had last had contact and not their current age, for example still talking about them as babies.

Whilst an exploration of contact was not a predominant aim of the research it was a recurring theme in birth parents' accounts of adoption and was a key issue for birth parents, both in itself and also in terms of consent. Only one birth mother in the study had direct contact with her adopted children, and this was due to them tracing her when they were teenagers. A number of birth parents had no

contact at all, which increased anxiety and loss for those parents. For those parents with letterbox contact, power differentials between adopters and birth parents were apparent. These were both in terms of the greater levels of economic and cultural capital held by adopters which birth parents discussed in terms of holidays and extra-curricular activities that the children accessed, and also in terms of the threat from adopters that contact could be terminated if birth parents wrote incorrectly. Birth parents appeared particularly concerned around contact when there were siblings involved, as they felt it unfair that siblings who were not adopted were unable to have contact with their adopted siblings.

Chapter 6 highlighted how some birth parents participated in the research in order to specifically campaign for a change in the law, particularly around open adoptions. It was not the purpose of the research to explore implications of open adoption from the perspective of other members of the adoption triangle, however birth parents voices can add to the wider debate and therefore this research echoes other findings that a wider look at closed adoption and the possibility of more open adoption is explored (Featherstone et al. 2018).

Inequality was therefore present between birth parents and adopters. This was both in terms of the greater economic and cultural capital held by adopters, and also reinforced through the adoption order which severs all previous parental responsibility and gives parental responsibility to adopters. This led to a decreased level of symbolic capital for birth parents and increased level of symbolic capital for adopters in terms of the role taken from birth parents and given to adopters by the adoption process, symbolised in the adoption order. However, despite this inequality birth parents were often positive about the adopters, particularly when they had the chance to meet them prior to the child being placed with adopters. Feelings of anger were predominantly aimed at professionals or processes within the 'adoption process' triangle. In addition, a number of birth mothers viewed childless adopters with an element of pity and shared a narrative of birth mothers handing their children over to parents who were unable to have biological children of their own. This may link back to the wider triangle and societal views on the importance of mothering, as whilst birth mothers questioned their own identity due to the adoption of their children, they were also able to question the status of adopters who had not had biological children. This was a way of birth parents conferring an element of power over adopters.

The adoption triangle has been influenced by both the wider context and adoption process triangles. This has implications in terms of the balance of power between adopters and birth parents, and ongoing contact issues. The issue of trauma experienced by birth parents was also very apparent within this triangle.

## **Implications for practice**

### **Working with birth parents**

The findings from the research have a number of implications for practitioners working with birth parents both during and after the adoption process. The significance of Parental Responsibility has been demonstrated in a number of ways. Firstly, the use of The Children Act (1989 s.20) has been shown to be problematic for birth parents, and should therefore be limited in cases where there is a possibility of adoption. The use of section 20 accommodation in 'Foster to Adopt' placements, where children are placed with foster carers who are also approved adopters, has been criticised by the Family Rights Group (Lynch 2017). A freedom of information request demonstrated that out of 83 local authorities, 163 children were placed in 'Foster to Adopt' placements under The Children Act (1989 s.20) from July 2014 until 2017. Out of these, 111 of the babies were under six weeks old at the time of placement (Lynch 2017). Whilst this research has not looked specifically at 'Foster to Adopt' it has illustrated the problematic nature of section 20 within adoption generally, alongside the trauma experienced by birth parents who have babies removed from their care at the time of birth. Therefore, the findings suggest that caution should be used when considering section 20 for children when adoption is being considered.

### **Care proceedings and the court process**

There are also practice considerations within care proceedings. How soon are birth fathers without parental responsibility involved in proceedings and do they have the same opportunities as birth mothers with regard to contact? The findings also demonstrated how 'consent' was not only linked to big decisions but the small decisions, which raises questions about how birth parents are able to demonstrate their Parental Responsibility and make 'everyday' decisions whilst their child is in care and they share Parental Responsibility with the local authority.

The findings also highlighted some practical considerations for working with birth parents. The adversity experienced by birth parents has been highlighted. A number of birth parents requested support from the local authority with regard to socio-economic factors including issues related to poverty and housing, but were not supported whilst other concerns about their parenting were raised. Recent research by Morris et al. (2018) found that poverty was avoided or obscured when social workers were undertaking case work with families. It calls for new conceptual frameworks which may help practitioners to engage with poverty. The conceptual framework presented above may be beneficial in helping social workers to consider wider factors that are apparent within adoption.

The findings also raise questions about parents' understanding of the court process, and whether parents should be assessed or supported during proceedings, or a balance between the two. Supporting parents to address some of their environmental support needs, or working alongside agencies who can offer this support, may help parents to then address other concerns around risk and parenting capacity. This is particularly important given that parents' experiences of adversity were often exacerbated by care proceedings, at a time when assessments were being made about their suitability to parent. Birth parents also expressed confusion over the purpose of assessments, particularly psychological assessments that did not seem directly applicable to their parenting ability. Workers should therefore outline the purpose of any proposed assessments to birth parents in order to address these concerns and motivate birth parents to fully participate and engage with the assessment process.

The trauma experienced by birth parents has been highlighted. This raises practice issues in terms of how best to support parents both during and after the process who may be traumatised, in deep distress and whose adverse experiences may be exacerbated by care proceedings. The use of advocates, mentors or voluntary agencies may be beneficial for some birth parents. This research therefore echoes recommendations made by Neil (2017) that birth parents should be supported before adoption takes place.

### **Post-adoption**

The findings also raise practice considerations regarding post-adoption contact and life story work. It has been shown how birth parents often decide whether to 'consent' or contest a plan for adoption based on what they feel is best for their child, or what they want their child to know. However, parents' feelings about adoption may be covered up, for example, by being asked to sign paperwork after the event even though they strongly disagree with it. Whilst these views may be contentious to those working with the child, it may be beneficial to share birth parents views of consent to adoption and their reasons for this with the children in a sensitive manner, perhaps in the form of life story work.

In terms of contact, it is notable that birth parents that had the opportunity to meet with adopters often had positive views of adopters. Where they were against a plan of adoption, this blame appeared to be directed to professionals or the adoption process, rather than adoptive parents. Post-adoption contact is often planned once a care order and placement order is granted. However, the findings have illustrated how birth parents may be in opposition to the adoption, traumatised and experiencing greater adversity at this time. It would therefore be beneficial for contact arrangements to be reviewed once the adoption order has been made as some parents and children

may benefit from a greater level of contact. Whilst decisions around contact are being made it is also worth considering that parents decisions around consent are based on what they believe is in the best interests of their child, even if those views differ to the views held by professionals.

### **Areas for future research**

The findings presented in this thesis have led to a number of further questions and areas for future research. This thesis has developed a conceptual framework around birth parents and consent. However, this needs further development. The number of birth fathers was small, but findings suggest issues for birth fathers regarding parental responsibility, and different perceptions of consent between birth fathers and birth mothers. Further research, with a greater number of birth fathers participating, would allow for a greater exploration of these issues.

There is also the possibility that further research could explore birth parents experiences and perceptions of consent in relation to more specific aspects of adoption, such as 'Foster to Adopt'. This was not explored within the current research but would be beneficial due to the increasing numbers and recognition that some very young babies have been placed under 'Foster to Adopt' placements under The Children Act (1989 s.20) (Lynch 2017). Another area that requires greater exploration is the experiences of birth parents who are deemed incapable of consenting during care proceedings under The Mental Health Act (2005).

With regard to birth parents experiences post-adoption, there are several areas that require further research. Firstly, the thesis explored contact from the perspective of birth parents with a request from some parents for open adoption (i.e. adoption with some form of direct contact with their children). This impact of closed adoption on siblings was also raised. However, it would be beneficial to explore open adoption from the perspectives of adopted children, siblings of adopted children, and adopters in addition to birth parents to gain a greater understanding of the issues surrounding open adoption.

Two parents shared life story books that they had made to tell their story about the adoption to their birth children. This has implications with regard to involving parents within the preparation of life story books that go with them when they are adopted. Statutory guidance encourages birth parent contributions to life story books, but it is unclear how many birth parents participate in practice (DfE 2013). For some birth parents, the involvement of a post-adoption support agency and the passage of time may help them to contribute. In addition to the benefits to the child in terms of informing them about the birth parent perspective and helping to maintain a sense of identity, this process illustrated that the creation of a life story book and the use of photographs as a discussion



tool was quite cathartic for these parents. This area would benefit from further research, in terms of birth parents views and experiences of creating life story books, and whether this can also be used as a way of helping birth parents with the trauma of adoption.

The final area of further research, also covering post-adoption, is that of birth parents who successfully keep a child in their care after they have had a child adopted. Findings illustrated that some parents were proactive in making changes to their lifestyles, and were able to keep a child in their care after adoption. This could be a number of years later, or in some cases very soon after the adoption of their child. However, local authorities are likely to issue new proceedings very early in a child's life when mothers have a history of care proceedings (Broadhurst et al. 2015). Further research could explore this further, identifying factors that lead to birth parents being able to keep children in their care after adoption and further exploring some of the complexities of this.

## **Conclusion**

This thesis aimed to explore birth parents' experiences of adoption from care, including their understanding of consent. This conclusion highlights how the research question was answered and the aim and objectives were met, and sets out the contributions made to knowledge.

The research highlighted a number of findings. Chapter 4 highlighted birth parents' experiences of adoption from care by exploring the life histories of four participants. It used the birth parents' timelines and photographs to explore the events leading up to and surrounding the adoption, placing them within the context of birth parents lives and the wider societal context. The importance of time and place were shown to be significant. The chapter also illustrated the trauma that birth parents experienced through adoption. This was highlighted by what was left unsaid by birth parents in addition to the narratives they told. This theme of trauma was carried through into Chapter 5. Chapter 5 highlighted two key findings; parenting under adversity and parenting under scrutiny. Parenting under adversity encompassed a wide range of factors, from socio-economic circumstances of parents, gender issues and individual factors. The complexity of birth parents experiences, with parents often experiencing multiple adversities, was highlighted. A key point in the chapter was how these adversities were often exacerbated once parents became involved with children's services and care proceedings were started. The chapter also highlighted the mismatch in communication between birth parents and social workers. Chapter 6 focused on birth parents' understanding of consent within adoption. Parents portrayed three different views of consent in adoption; consented, persuaded and forced. For many parents their perceptions of consent were fluid and changed at different points in their narratives, but a proportion of parents held the fixed view that the adoption was 'forced'. The chapter also highlighted how findings around consent need

to be viewed within the wider context of birth parents lives. Birth parents experienced powerlessness within adoption proceedings and also within their wider lives. As a result many parents felt that their voices were not heard or that they were dismissed.

The discussion has explored the implications of these findings and how they relate to the research aim. The findings therefore contribute to knowledge about birth parents' experiences of adoption, including the trauma of the adoption process and the impact of this on the identity of birth mothers. The complex nature of birth parents' lives has been highlighted. Experiences of poverty and adversity contribute to this complexity and can add to very difficult circumstances. The key findings around birth parents' understanding of consent demonstrate that whilst birth parents' lived experiences of consent differ to the legal framework, their ability to consent within the adoption process is limited due to the powerlessness they experience. However, the court process is important in enabling birth parents to demonstrate resistance, and some birth parents are able to overcome their previous difficulties to the extent that they are able to parent a younger sibling after they have had children adopted.

There have been a number of practice based findings and implications for practice have been highlighted. A key point has been raised about the use of voluntary accommodation prior to care proceedings starting (The Children Act 1989 s.20). The findings were clear that where birth parents did agree to their child being accommodated it was because they understood the situation to be temporary, or they were forced into it by being told that they would be taken to court. The issue of parental responsibility has also been raised, both in terms of birth fathers without parental responsibility and also how birth parents are able to exercise their shared parental responsibility once their child is looked after by the local authority. This research therefore agrees with previous research that questions how parents may truly consent to voluntary accommodation when faced with coercion (Lynch 2017).

Further practice issues relate to the support of birth parents both during and after proceedings. This is relevant in terms of addressing the socio-economic needs of birth parents, which may also allow social workers to then begin to address risk and parenting capacity factors, and also helping birth parents to understand the court process. This research therefore echoes recommendations made in other research publications that support should be offered to birth parents both during and after the adoption process (Neil 2017). The impact of adversity including poverty has been apparent throughout the research suggesting, like other research, that this should be taken into account by social workers (Morris et al. 2018, Featherstone et al. 2018).

The final contribution to knowledge is the development of a new conceptual framework around birth parents experiences of adoption. This conceptual framework therefore meets the final research objective, which establishes birth parents' understanding of consent within care proceedings and leading to adoption, including their experiences of consenting to or contesting adoption. The basis of this framework was birth parents voices, particularly around consent, and therefore this framework is centred around the needs of birth parents specifically. The conceptual framework was initially developed from the literature around birth parents, but was extended once the data had been analysed. This extended conceptual framework places birth parents understanding of consent within a theoretical framework that considers consent within the adoption triangle between birth parents, adopters and adopted child, the adoption process, and within the wider lives of birth parents. This therefore answers the research question by outlining birth parents' experiences of adoption and highlighting how these experiences contribute to their understanding of consent within the adoption process. A key objective of the research was to locate birth parents' experiences of adoption within the context of their own lives, and also within the wider social context. A life history approach was used to achieve this objective. The research therefore focused on the link between structure and agency within adoption. This focus is not new within social work research, which has a focus on engaging both 'people and structures' (IFSW 2014). The focus on structure and agency was explored within the conceptual framework through the application of Bourdieu's theory of habitus, and symbolic violence, which serve to legitimise the roles that individuals of different class, age and gender adopt within society (Lane 2000).

The framework was designed to be read in two ways; from the inside starting with birth parents' experiences of consent and leading to the outer triangle focusing on wider structural factors including dominant discourse and views on mothering and gender, or starting at the outside and working in towards birth parents at the centre. This demonstrates the intricacies of power which are apparent both within each layer of the framework and also moving between each layer. It therefore demonstrates that issues of consent within adoption are central to birth parents, but that this consent is constrained at each level of the framework. Therefore, the thesis does not support the assertion that consent may be viewed as a 'continuum' between relinquishing parents and those parents who had children adopted through care proceedings (Wiley and Baden 2005). There are too many factors within each layer for parents to truly express 'consent' within non-consensual adoption. These range from coercion from professionals highlighted earlier to constraining factors within birth parents' own habitus that were formed in childhood. Nevertheless, it is important to recognise birth parents' agency within adoption, however constrained, in order to acknowledge their views about the adoption process.

The framework also highlighted the extreme adversity experienced by birth parents, which was often exacerbated by the adoption process. It therefore corroborates other research findings which highlight structural inequalities within adoption (Roberts et al. 2017, Featherstone et al. 2018). The framework has the potential to highlight these inequalities through applying the outer layer of the framework to each of the inner layers. This is an area which needs to be considered when working with individual birth parents, due to the neglect that wider discussion of inequality plays within social work discourse (Morris et al. 2018). This is particularly important at a time when opportunity for this wider outlook is being limited due to policies which reduce accountability to local authorities such as abolishing the role of Independent Reviewing Officers (IROs) (Narey and Owers 2018). The conceptual framework presented in this thesis therefore could contribute to wider contemporaneous debates around adoption and child welfare.

However, despite the constraining factors which impact on birth parents and their experiences of consent within adoption, change is possible. This is evidenced by the number of birth parents who successfully parented a child after an older sibling had been adopted. A key message of the research, therefore, is that birth parents are able to change their parenting, often despite ongoing adversity and managing the trauma of previous loss. This should be taken into consideration by social workers when assessing birth parents in repeat care proceedings.

This thesis has therefore addressed birth parents experiences of adoption, including their understanding of consent, using a life history perspective. It has made a number of contributions to knowledge including practice considerations, key findings and the creation of a new conceptual framework focusing on birth parents and consent within adoption. It leaves a number of unanswered questions and areas for future research. Throughout the thesis I have been mindful of keeping birth parents' voices central, in keeping with the life history approach and social work values. As a researcher I therefore have a responsibility to share the research findings with a wider audience, through conferences and publications. This is enhanced by my personal commitment to social justice due to my personal, professional and academic background. My hope is that this will lead to a greater understanding of birth parents' needs within adoption leading to a more humane and balanced practice which acknowledges the adversity that birth parents face.

*"...if you do not share a voice then no-one will ever hear to get your points across. If you say something, summat might react. To get a reaction you have to say something, but hopefully find someone that might listen that might change it. Change can only happen if you say something, like an action. My actions today might change the future later on, but it's only your actions that might let it whether you publicise it or not."*

(Colin)

This thesis has highlighted how birth parents voices should be listened to, in order to aid understanding of adoption as a whole by understanding the role they play within the adoption triangle. In addition, birth parent voices are worthy of being listened to in their own right under the social work values of respect and dignity for all (BASW 2012).

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